

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90055 039 \*\*\*\*50.00

**DOCUMENT # L05000111028**

1. Entity Name  
**AJM ESTERO HOLDINGS, LLC**



Principal Place of Business  
1920 E HALLANDALE BEACH BLVD.  
SUITE 906  
HALLANDALE, FL 33009 US

Mailing Address  
1920 E HALLANDALE BEACH BLVD.  
SUITE 906  
HALLANDALE, FL 33009 US



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03152006 Chg-LLC CR2E083 (11/05)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**86-1154974**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LIPSON, ARTHUR E**  
1920 E HALLANDALE BEACH BLVD.  
SUITE 906  
HALLANDALE, FL 33009

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR ☐ Delete  
NAME LIPSON, ARTHUR E  
STREET ADDRESS 1920 E HALLANDALE BEACH BLVD., SUITE 906  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE MGR ☐ Delete  
NAME STERN, JEROME H  
STREET ADDRESS 20803 BISCAYNE BOULEVARD, SUITE 200  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1920 E. HALLANDALE BEACH BLVD**  
CITY-ST-ZIP **SUITE 906**  
**HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**ARTHUR E. LIPSON**  
**MGR**

**4/14/06**

**954 454-1117**

Date

Daytime Phone #