

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A.
Secretary of State

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**



03082007 No Chg-LLC

CR2E083 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LIPSON, ARTHUR E
STREET ADDRESS	1920 E HALLANDALE BEACH BLVD., SUITE 906
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	MGR
NAME	STERN, JEROME H
STREET ADDRESS	1920 E HALLANDALE BCH BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ARTHUR E. LIPSON, MGR

4/4/07

(954) 457-1114

Date

Daytime Phone #