


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000111028</b> 1. Entity Name AJM ESTERO HOLDINGS, LLC	
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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
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**DO NOT WRITE IN THIS SPACE**



02112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 86-1154974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000859001  
04/02/08-80004-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LIPSON, ARTHUR E 1920 E HALLANDALE BEACH BLVD., SUITE 906 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STERN, JEROME H 1920 E HALLANDALE BCH BLVD HALLANDALE, FL 33009
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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:**  **ARTHUR E. LIPSON, MGR** 3/12/08 (954) 454-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #