

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025205

Entity Name: A & J STARLITE, L.L.C.

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

204 SEVEN DOORS LANE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

3471 HERMITAGE ROAD E.
JACKSONVILLE, FL 32277

Current Mailing Address:

204 SEVEN DOORS LANE
ST. AUGUSTINE, FL 32095

New Mailing Address:

3471 HERMITAGE ROAD E.
JACKSONVILLE, FL 32277

FEI Number: 20-4559236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JANNA J
204 SEVEN DOORS LANE
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

THOMAS, JANNA J
3471 HERMITAGE ROAD E.
JACKSONVILLE, FL 32277 US

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.

SIGNATURE:

02/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMAS, JANNA J
Address: 204 SEVEN DOORS LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR () Delete
Name: HUSSEIN, AHMED
Address: 204 SEVEN DOORS LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMAS, JANNA J
Address: 3471 HERMITAGE ROAD E.
City-St-Zip: JACKSONVILLE, FL 32277

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANNA J THOMAS

MGR

02/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date