

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049590

FILED
Feb 18, 2009
Secretary of State

Entity Name: A & J AISHEL HOUSE GP, LLC

Current Principal Place of Business:

1920 E HALLANDALE BEACH BLVD STE 906
HALLANDALE, FL 33009

New Principal Place of Business:

1920 E HALLANDALE BEACH BLVD
SUITE 906
HALLANDALE, FL 33009

Current Mailing Address:

1920 E HALLANDALE BEACH BLVD STE 906
HALLANDALE, FL 33009

New Mailing Address:

1920 E HALLANDALE BEACH BLVD
SUITE 906
HALLANDALE, FL 33009

FEI Number: 20-4969956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIMMEL, JOSEPH BARRY ESQ
9400 S DADELAND BOULEVARD STE 600 STE 906
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIPSON, ARTHUR E
Address: 1920 E HALLANDALE BCH BLVD #906
City-St-Zip: HALLANDALE, FL 33009

Title: MGR () Delete
Name: STERN, JEROME A
Address: 1920 E HALLANDALE BCH BLVD #906
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: STERN, JEROME H
Address: 1920 E HALLANDALE BCH BLVD #906
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR E. LIPSON

MGR

02/18/2009

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