

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

01-26-2007 90081 013 ****50.00

DOCUMENT # L06000057636	
1. Entity Name AJADS INVESTMENT GROUP LLC	

Principal Place of Business 823 DUNLAWNTON AVE SUITE A PORT ORANGE FL 32175	Mailing Address PO BOX 2042 ORMOND BEACH FL 32175
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/06)

4. FEI Number 20-5024533	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PATEL, D.S. 6611 MERRYVALE LANE PORT ORANGE FL 32127	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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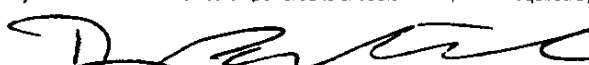
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME PATEL, D.S. STREET ADDRESS PO BOX 2042 CITY ST ZIP ORMOND BEACH FL 32175	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1-20-07 386-679-0322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #