

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90193 033 ****50.00

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1. Entity Name

AJ HOMES REALTY LLC.



Principal Place of Business

35 W. PINE ST., SUITE 226
ORLANDO FL 32801

Mailing Address

35 W. PINE ST., SUITE 226
ORLANDO FL 32801

2. Principal Place of Business - No P.O. Box #

2020 W. FAIRBANKS AVE

3. Mailing Address

P.O. Box 378

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

CLATONA, FL

Zip -

32789

Country

ORANGE

Zip

32710

Country

ORANGE

4. FEI Number

54-0585508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALACIOS, ADOLFO L
8104 SULLY DR.
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2020 FAIRBANKS AVE STE 102

City

Winter Park

FL

Zip Code

32789

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)

2/25/07
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME RAINEY, JACKIE J
STREET ADDRESS 8104 SULLY DR.
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGRM ☐ Delete
NAME PALACIOS, ADOLFO L
STREET ADDRESS 8104 SULLY DR.
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2020 W FAIRBANK AVE STE 102
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/25/07 407-647-8823