

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L06000060092

1. Entity Name
AJ HOMES REALTY LLC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2020 W. FAIRBANKS AVE **P.O. Box 378**

Suite, Apt. #, etc. Suite, Apt. #, etc.

102 _____

City & State City & State

Winter Park, FL **CLATCONA, FL**

Zip - Country Zip Country

32789 **ORANGE** **32710** **ORANGE**



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

**PALACIOS, ADOLFO L
 8104 SULLY DR.
 ORLANDO FL 32818**

4. FEI Number Applied For

51-0585508 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

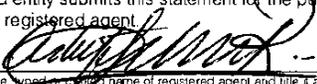
Name _____

Street Address (P.O. Box Number is Not Acceptable)
2020 FAIRBANKS AVE STE 102

City State Zip Code

Winter Park FL 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  DATE **2/25/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	RAINEY, JACKIE J	
STREET ADDRESS	8104 SULLY DR.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PALACIOS, ADOLFO L	
STREET ADDRESS	8104 SULLY DR.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2020 W FAIRBANK AVE STE 102	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **2/25/07** DAYTIME PHONE # **407-647-8823**

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