


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90183 004 ****50.00

DOCUMENT # L06000068343					
1. Entity Name AJS II INVESTMENTS, LLC					
Principal Place of Business 333 LAS OLAS WAY APT. 3602 FT. LAUDERDALE, FL 33301			Mailing Address 333 LAS OLAS WAY APT. 3602 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box # 1410 SE 11th ST		3. Mailing Address 3000 N MILITARY TRL			
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o JAY SCHWEDELSON			
City & State FORT LAUDERDALE FL		City & State BOCA RATON FL		4. FEI Number 20-5177189	
Zip 33316		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301-2525		
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 4/5/07 <small>(Signature typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS / CHANGES					
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAY SCHWEDELSON <input type="checkbox"/> Change <input type="checkbox"/> Addition 1410 SE 11th ST FORT LAUDERDALE FL 33316				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLISON SCHWEDELSON <input type="checkbox"/> Change <input type="checkbox"/> Addition 1410 SE 11th ST FORT LAUDERDALE FL 33316				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 4/5/07 561-343-8200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					