2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/14/2007-90370-025-$50.00-$50.00 *
9/6/2007-90037-026-$50.00-$50.00

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000073311

1. Entity Name
AJ&M LLC

Principal Place of Business	Mailing Address
3123 JOHN'S PARKWAY CLEARWATER, FL 33759 US	3123 JOHN'S PARKWAY CLEARWATER, FL 33759 US

09042007 Chg-LLC CR2E083 (12/06)

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

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENRIGHT, MICHAEL MARTIN 3123 JOHN'S PARKWAY CLEARWATER, FL 33759	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: for AJ&M LLC
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AJ&M TRUST 3232 LAKE PINE WAY E. C-3 TARPON SPRINGS, FL 34688	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHOICE ONE 3123 JOHN'S PARKWAY CLEARWATER, FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM. CHOICE ONE Properties Trust " same " same	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SUCCESS GROUP LLC 3123 JOHN'S PARKWAY CLEARWATER, FL 33759	☐ 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	REINSTATEMENT	☐ Change ☐ Addition
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 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: for AJ&M LLC 9/3/07 727-224-9611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #