

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082802

FILED  
Sep 04, 2007  
Secretary of State

Entity Name: A & J TRUST LLC

## Current Principal Place of Business:

21011 JOHNSON ST. #122  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

200 SW 172 AVE  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

21011 JOHNSON ST. #122  
PEMBROKE PINES, FL 33029

## New Mailing Address:

200 SW 172 AVE  
PEMBROKE PINES, FL 33029

FEI Number: 20-5568729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MIGLIORE, ANTONINO  
21641 NW 7TH CT.  
PEMBROKE PINES, FL 33029      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete  
Name: MIGLIORE, ANTONINO  
Address: 21011 JOHNSON ST. #122  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete  
Name: LIMANS INTERNATIONAL, INC.  
Address: 21011 JOHNSON ST. #122  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition  
Name: MIGLIORE, ANTONINO  
Address: 200 SW 172 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM (X) Change ( ) Addition  
Name: LIMANS INTERNATIONAL, INC.  
Address: 200 SW 172 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTONINO MIGLIORE

D

09/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date