FILED
Jun 13, 2007 8:00 am
Secretary of State

04-27-2007 90031 014 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30010569

04092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000089897

1. Entity Name
AJL, LLC

Principal Place of Business	Mailing Address
6336 SE AMES WAY HOBE SOUND, FL 33455	6336 SE AMES WAY HOBE SOUND, FL 33455

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
251 S US HWY 1	6336 SE AMES WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER FL	City & State: HOBE SOUND FL
Zip: 33477 Country: USA	Zip: 33455 Country: USA

4. FEI Number: 20-3512107 ☐ 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
LEFFEL, AARON 6336 SE AMES WAY HOBE SOUND, FL 33455	Name: JANICE C LEFFEL Street Address (P.O. Box Number is Not Acceptable): 6336 SE AMES WAY City: HOBE SOUND FL Zip Code: 33455

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] 4/20/07
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 May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEFFEL, AARON 6336 SE AMES WAY HOBE SOUND, FL 33455 ☐ 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	MGRM JANICE C LEFFEL 6336 SE AMES WAY HOBE SOUND FL 33455 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #