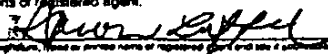


FILED
Jun 13, 2007 8:00 am
Secretary of State

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

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000089897			
1. Entity Name AJL, LLC			
Principal Place of Business 6336 SE AMES WAY HOBE SOUND, FL 33455		Mailing Address 6336 SE AMES WAY HOBE SOUND, FL 33455	
2. Principal Place of Business - No P.O. Box # 251 S US HWY 1		3. Mailing Address 6336 SE AMES WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JUPITER FL		City & State HOBE SOUND FL	
Zip 33477		Zip 33455	
Country USA		Country USA	
4. FEE Number 20 BS12107		Applied For Not Applicable	
5. Certificate of Status Desired X		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEFFEL, AARON 6336 SE AMES WAY HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name JANIVIC 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:  DATE: 4/20/07 (NOTE: Registered Agent signature required when transferring)			
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 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
MGRM LEFFEL, AARON 6336 SE AMES WAY HOBE SOUND, FL 33455			
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☒ Addition	
		MGRM JANIVIC C LEFFEL 6336 SE AMES WAY HOBE SOUND FL 33455	
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 ☐ 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 606, Florida Statutes.			
SIGNATURE: 		Date: 4/19/07	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	