## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**SIGNATURE** 

## Sep 12, 2007 8:00 am Secretary of State **DOCUMENT #L06000122905** 09-12-2007 90040 049 \*\*\*\*50.00 AJM ENTERPRISES, LLC Principal Place of Business Mailing Address 4331 LAKE BUFFUM ROAD 4331 LAKE BUFFUM ROAD 60055927 LAKE WALES, FL 33859 US LAKE WALES, FL 33859 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112007 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 20-Not Applicable Zip Country Zσ Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURRAY, TERRY L Street Address (P.O. Box Number is Not Acceptable) 4331 LAKE BUFFUM ROAD LAKE WALES, FL 33859 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGRM Delete TITLE ☐ Change ☐ Addition MURRAY, TERRY L HALF MALE STREET ADDRESS 4331 LAKE BUFFUM ROAD STREET ADORESS CETY-ST-ZIP LAKE WALES, FL 33859 CITY-ST-ZIP TITLE Oeleta TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CTY-57-79 TILE Delete TITLE Addition MA LOC NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete Change Addition NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TILE ☐ Delete TIT! F ☐ Change ☐ Addition MALE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZP TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP 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 each; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as adjusted by Chapter 608, Florida Statutes.

FILED

863-232-239

4-10-07