

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000122905

1. Entity Name
AJM ENTERPRISES, LLC



**FILED
May 01, 2008 8:00 am
Secretary of State**

05-01-2008 90021 028 ***138.75

Principal Place of Business 4331 LAKE BUFFUM ROAD LAKE WALES, FL 33859 US		Mailing Address 4331 LAKE BUFFUM ROAD LAKE WALES, FL 33859 US Frostproof, FL 33843	
1680 mcelellan Rd. Frostproof, FL 33843			
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
6. Name and Address of Current Registered Agent MURRAY, TERRY L 4331 LAKE BUFFUM ROAD LAKE WALES, FL 33859		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 33843	
		City FL Zip Code	



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8119484	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, TERRY L 4331 LAKE BUFFUM ROAD LAKE WALES, FL 33859	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete 33843	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-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 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: *Terry L Murray* 4-28-08 863-232-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #