## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Mar 12, 2008 8:00 am Secretary of State **DOCUMENT # L07000003051** 03-12-2008 90236 044 \*\*\*138.75 THE AJL BUILDING, LLC Principal Place of Business Mailing Address OUNTANDL 2443 DODGE COURT 2443 DODGE COURT APOPKA, FL 32703 APOPKA, FL 32703 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-8185797 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name LEE, CLAYTON J Street Address (P.O. Box Number is Not Acceptable) 2443 DODGE COURT APOPKA, FL 32703 Zip Code 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE LEE, CLAYTON J NAME NAME 2443 DODGE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME LEE, MAGGIE E NAME 2443 DODGE COURT STREET ADDRESS STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-71P Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/10/08

FILED