


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2. **FILED**
Mar 05, 2008 8:00 am
Secretary of State

02-01-2008 90047 002 ***138.75

DOCUMENT # L07000031147			
1. Entity Name AJB MASTER, LLC			
Principal Place of Business 2749 NE 16TH STREET FORT LAUDERDALE, FL 33304 US		Mailing Address 2749 NE 16TH STREET FORT LAUDERDALE, FL 33304 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1 Financial Plaza	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2001	
City & State		City & State Ft. Lauderdale, FL	
Zip	Country	Zip	Country
33394	US	33394	US
4. FEI Number 20-8697194		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO MORENO & BROCHIN, P.A. TWO ALHAMBRA PLAZA PH 1B CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL 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 _____ (NOTE: Registered Agent signature required when re-issuing)			
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 BELT, AJ 2749 NE 16TH STREET MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date: 01-21-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # (954) 375-2069	