


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90326 015 \*\*\*138.75

<b>DOCUMENT # L07000053630</b>	
1. Entity Name <b>AJP PROPERTY MANAGEMENT, LLC</b>	

Principal Place of Business <b>3423 MCKINLEY STREET HOLLYWOOD, FL 33021</b>	Mailing Address <b>P.O. BOX 817244 HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>AJP PROPERTY MGRM, LLC</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>P.O. Box 817244</b>
City & State	City & State <b>HOLLYWOOD, FL</b>
Zip	Zip <b>33081-1244</b>
Country	Country <b>U.S.A.</b>



04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>33-1167037</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HAWRYLCIW, ANNA 3423 MCKINLEY STREET HOLLYWOOD, FL 33021</b>	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HAWRYLCIW, ANNA 3423 MCKINLEY STREET HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *X Anna Hawrylcw* 4/18/08 954-240-3805