

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90201 015 \*\*\*138.75

**DOCUMENT # L07000110675**

1. Entity Name  
**A & J CHATEAU HOLDINGS, LLC**



Principal Place of Business  
**1920 E. HALLANDALE BEACH BLVD., SUITE 906  
HALLANDALE, FL 33309**

Mailing Address  
**1920 E. HALLANDALE BEACH BLVD., SUITE 906  
HALLANDALE, FL 33309**

**60014712**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**26-1341546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIMMEL, JOSEPH B ESQ.  
9400 DADELAND BLVD., SUITE 600  
MIAMI, FL 33156**

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

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGR ARTHUR E. LIPSON**  
STREET ADDRESS **1920 E. HALLANDALE BEACH BLVD. #906**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGR JEROME H. STERN**  
STREET ADDRESS **1920 E. HALLANDALE BEACH BLVD. #906**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**ARTHUR E. LIPSON, MGR**

Date

Daytime Phone #

**3/14/08 (954) 454-1114**