

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122248

FILED
Jan 30, 2009
Secretary of State

Entity Name: AJ PROPERTY MANAGEMENT II, LLC

Current Principal Place of Business:

9870 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

4332 N.W. 120TH AVENUE
CORAL SPRINGS, FL 33065

Current Mailing Address:

9870 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Mailing Address:

4332 N.W. 120TH AVENUE
CORAL SPRINGS, FL 33065

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAT REGISTERED AGENTS, LLC
11900 BISCAYNE BOULEVARD
280
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEQUIGNOT, JOHN
Address: 9870 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: MARLOWE, ARRON
Address: 9870 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEQUIGNOT, JOHN
Address: 4332 N.W. 120TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR (X) Change () Addition
Name: MARLOWE, ARRON
Address: 4332 N.W. 120TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN PEQUIGNOT

MGR

01/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date