
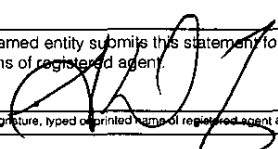
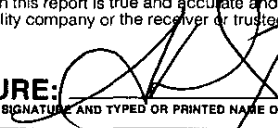


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90426 034 \*\*\*\*50.00

<b>DOCUMENT # L97000000601</b> 1. Entity Name A.M.J. HOLDINGS L.C.					
Principal Place of Business 109 SCHOONER LANE JUPITER, FL 33477			Mailing Address 109 SCHOONER LANE JUPITER, FL 33477		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03152004    Chg-LLC    CR2E083 (10/03)	
4. FEI Number 65-0757040				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			7. Name and Address of New Registered Agent		
<del>RYAN, JAMES</del> <del>701 US HWY. 1, STE. 402</del> <del>N. PALM BEACH, FL 33408</del>			Name <b>DIAZ, AYMARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>109 SCHOONER LANE</b> City <b>JUPITER</b> <b>FL</b> Zip Code <b>33477</b>		
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		 <b>AYMARA E. DIAZ</b>		DATE <b>3.19.04</b>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, AYMARA E <del>200 ISLAND DRIVE</del> JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>109 SCHOONER LANE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, AIMEE M <del>500 OCEAN DR.</del> <del>JUNO BEACH, FL 33408</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>109 SCHOONER LANE</b> <b>JUPITER, FL 33477</b>	
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	
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	
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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		 <b>AYMARA E. DIAZ</b>		Date <b>3.19.04</b> Daytime Phone # <b>(561) 744-2069</b>	