

2001 UNIFORM BUSINESS REPORT (UBR)

0024803 AF

DOCUMENT # L99000001772

1. Entity Name
A.J. JOHNS, L.L.C.

FILED
 01 MAR 15 AM 2:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**3225 ANNISTON ROAD
 JACKSONVILLE FL 32216**

Mailing Address
**3225 ANNISTON ROAD
 JACKSONVILLE FL 32216**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip **32246** Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip **32246** Country

DO NOT WRITE IN THIS SPACE
257-62-8995

4. FEI Number **APPLIED FOR**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JOHNS, A.J.
 3225 ANNISTON ROAD
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **32246**

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.

SIGNATURE *A.J. Johns* DATE **2/27/01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003888571--0
03/20/01-01081-025
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	JOHNS, A.J.	3225 ANNISTON ROAD	JACKSONVILLE FL 32216	

10. ADDITIONS/CHANGES

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: *A.J. Johns* **SIGNATURE REQUIRED** Date **2/27/01** Daytime Phone # **9046412055**

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

CR2E083 (11/00)