


**- 2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000001927</b>	
1. Entity Name <b>AJILON LLC</b>	

Principal Place of Business <b>210 W. PENNSYLVANIA AVE. SUITE 650 TOWSON, MD 21204</b>	Mailing Address <b>175 BROAD HOLLOW ROAD TAX DEPT MELVILLE, NY 11747</b>
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>94-3357539</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>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
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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 reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AJILON HOLDINGS, LLC 175 BROAD HOLLOW ROAD MELVILLE, NY 11747
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04/18/06-80048-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 708, 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:**  **Harvey Smalheiser**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/21/06**  
Date

**631 844 7800**  
Daytime Phone #