


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90159 001 \*\*\*\*50.00  
05-03-2004 90159 002 \*\*\*\*5.00

**34004865**



<b>DOCUMENT # M03000002118</b>	
1. Entity Name <b>AJA CC HOLDINGS, LLC</b>	

Principal Place of Business <b>9 HICKORY DRIVE CHESTER, NJ 07930</b>	Mailing Address <b>9 HICKORY DRIVE CHESTER, NJ 07930</b>
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2. Principal Place of Business <b>19501 NE 10th ave</b>	3. Mailing Address <b>19501 NE 10th ave</b>
Suite, Apt. #, etc. <b>Bay C</b>	Suite, Apt. #, etc. <b>Bay C</b>
City & State <b>NMB, FL</b>	City & State <b>NMB, FL</b>
Zip <b>33179</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>PORTIN, BERTRAM 12026 GREENWAY CIRCLE SOUTH ROYAL PALM BEACH, FL 33411</b>	
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04302004	Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>APPLIED FOR 770602413</b>	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Maxia McKinney</i></u> DATE <u><i>4/30/04</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR AJA CC GROUP HOLDINGS, LLC 9 HICKORY DRIVE CHESTER, NJ 07930</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR AJA CC Group Holdings, LLC. 19501 NE 10th ave Bay C NMB, FL 33179</b> <input checked="" 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
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: <u><i>Maxia McKinney</i></u> DATE <u><i>4/30/04</i></u> DAYTIME PHONE # <u><i>305-640-6888 ext 223</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	