2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90156 001 ****50.00

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1. Entity Name
AJA CC HOLDINGS, LLC

20008850

01132005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
19501 NE 10TH AVE., BAY C MIAMI, FL 33179	19501 NE 10TH AVE., BAY C MIAMI, FL 33179

2. Principal Place of Business		3. Mailing Address	
2455 Hollywood Blvd.		2455 Hollywood Blvd.	
Suite, Apt. #, etc.: Suite 205		Suite, Apt. #, etc.: Suite 205	
City & State: Hollywood FL		City & State: Hollywood FL	
Zip: 33020	Country: US	Zip: 33020	Country: US

4. FEI Number: 77-0602413 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PORTIN, BERTRAM
12026 GREENWAY CIRCLE SOUTH
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name: Archie Giles
Street Address (P.O. Box Number is Not Acceptable): 4404 SW 160th Ave. #821
City: Miramar FL Zip Code: 33027

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: Archie Giles / LD DATE: 1/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☑ Delete	TITLE	President	☑ Change ☐ Addition
NAME	AJA CC GROUP HOLDINGS, LLC		NAME	Archie Giles	
STREET ADDRESS	19501 NE 10TH AVE., BAY C		STREET ADDRESS	2455 Hollywood Blvd. Suite 205	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Hollywood FL 33020	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] Date: 1/13/05 Daytime Phone #: 718-224-3966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE