


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90402 012 ***138.75

DOCUMENT # M03000002118		
1. Entity Name AJA CC HOLDINGS, LLC		

0010-0660-000
60011989



Principal Place of Business 2455 HOLLYWOOD BOULEVARD SUITE 205 HOLLYWOOD, FL 33020		Mailing Address 2455 HOLLYWOOD BOULEVARD SUITE 205 HOLLYWOOD, FL 33020
2. Principal Place of Business - No P.O. Box # 16722 SW 12th St	3. Mailing Address 217-04 Northern Blvd Suite, Apt. #, etc. #19	

02212008 Chg-LLC CR2E083 (12/06)

City & State Pembroke Pines, FL		City & State Bayside, NY		4. FEI Number 77-0602413	Applied For Not Applicable
Zip 33027	Country US	Zip 11361	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent GILES, ARCHIE 4404 SOUTHWEST 160TH AVENUE #821 MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name Giles, Archie Street Address (P.O. Box Number is Not Acceptable) 16722 SW 12th St City Pembroke Pines FL Zip Code 33027	
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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 *Archie Giles* DATE *2/22/08*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILES, ARCHIE 2455 HOLLYWOOD BOULEVARD SUITE 205 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Giles, Archie 16722 SW 12th St. Pembroke Pines FL 33027 <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 exemptions contained in Chapter 119, 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: *2/22/08* DAYTIME PHONE: *718-224-3966*

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