

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90025 009 ****50.00

DOCUMENT # L01000021113
1. Entity Name
AAA PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1730 S. FEDERAL HIGHWAY SUITE 205		3. Mailing Address 1730 S. FEDERAL HWY Suite, Apt. #, etc. 205	
City & State DELRAY BEACH, FL.		City & State DELRAY BEACH	
Zip 33483	Country USA	Zip 33483	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1157468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ARPAD TOTTH
Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HIGHWAY SUITE 205
City DELRAY BEACH FL Zip Code 33483

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 Arpad Totth ARPAD TOTTH DATE 4-1-02

Signature typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR/MEMBER ARPAD TOTTH 1730 S. FEDERAL HIGHWAY SUITE 205 DELRAY BEACH, FLORIDA 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/MANAGER ROY W. TALLING 1730 S. FEDERAL HIGHWAY SUITE 205 DELRAY BEACH, FLORIDA 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E089B (12/01)

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: Arpad Totth ARPAD TOTTH DATE 4-1-02 Daytime Phone # 561-573-4250

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