


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L03000011263

1. Entity Name:  
 A & A INVESTMENTS OF CENTRAL FLORIDA, LLC



Principal Place of Business      Mailing Address

1301 PALACE DRIVE      1301 PALACE DRIVE  
 ROCKLEDGE, FL 32935 US      ROCKLEDGE, FL 32935 US

**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-LLC      CR2E083 (12/07)

4. FCI Number: 20-0010585      Applied For: Not Applicable

5. Certificate of Status Discard:       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NASAJPOUR, ABULGHASEM  
 1301 PALACE DRIVE  
 ROCKLEDGE, FL 32935

**DO NOT WRITE IN THIS SPACE**

8. The above named entity is hereby 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000906596  
 05/05/08-80004-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ESMAILBEGUI, AHMAD
STREET ADDRESS	802 LOGGERHEAD ISLAND DRIVE
CITY/STATE	SATELLITE BEACH, FL 32937
TITLE	MGRM
NAME	DURJAN, SEETA
STREET ADDRESS	802 LOGGERHEAD ISLAND DRIVE
CITY/STATE	SATELLITE BEACH, FL 32937
TITLE	MGRM
NAME	NASAJPOUR, ABULGHASEM
STREET ADDRESS	1301 PALACE DRIVE
CITY/STATE	ROCKLEDGE, FL 32955
TITLE	MGRM
NAME	MASHAYEKTT, ZOHREH
STREET ADDRESS	1301 PALACE DR
CITY/STATE	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY/STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY/STATE	

**DO NOT WRITE IN THIS SPACE**

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 and acknowledged in person by a managing member or manager of the limited liability company or the creator or creator's representative to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE: Zohreh Mashayek      4-15-08

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