

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90076 015 ****55.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000047672					
1. Entity Name AE (BUD DWYER), LLC					
Principal Place of Business 6921 SOUTHWEST 178TH AVENUE SOUTHWEST RANCHES FL 33331			Mailing Address 6921 SOUTHWEST 178TH AVENUE SOUTHWEST RANCHES FL 33331		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4269789	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent A.E. "BUD" DWYER 6921 SOUTHWEST 178TH AVENUE SOUTHWEST RANCHES FL 33331			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A.E. "BUD" DWYER 6921 SOUTHWEST 178TH AVENUE SOUTHWEST RANCHES FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Alton Dwyer</u> <u>ALTON DWYER</u> <u>4-27-04</u> <u>954-434-7973</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					