

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 08, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
 A.E. "BUD" DWYER
 6921 SOUTHWEST 178TH AVENUE
 SOUTHWEST RANCHES FL 33331

4. FEI Number: 13-4269789
 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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: *N/A* DATE:

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGRM NAME: A.E. "BUD" DWYER STREET ADDRESS: 6921 SOUTHWEST 178TH AVENUE CITY-ST-ZIP: SOUTHWEST RANCHES FL 33331	<input type="checkbox"/> Delete	TITLE: U00000820722 NAME: 02/18/08-80040-009 138.75 STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 638, Florida Statutes.

SIGNATURE: *ALTON E DWYER* *Alton E Dwyer* 2/5/08 (954) 806-8137
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #