

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012427

Entity Name: A.I.A. INVESTMENT, LLC

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

19662 HAMPTON DRIVE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

19662 HAMPTON DRIVE
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 20-0799368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KATEE, HANNA
19662 HAMPTON DRIVE
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

KATEB, HANNA
19662 HAMPTON DRIVE
BOCA RATON, FL 33434 US

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: HANNA KATEB

02/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KATEB, HANNA
Address: 19662 HAMPTON DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: KATEB, ILANIT E
Address: 19662 HAMPTON
City-St-Zip: BOCA RATON, FL 33434

Title: MGR () Change (X) Addition
Name: KATEB, ARIEL A
Address: 19662 HAMPTON DR
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HANNA KATEB

MGR

02/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date