

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001230

FILED
Jan 04, 2008
Secretary of State

Entity Name: A A A DESIGNS, LLC

Current Principal Place of Business:

2313 NW 186 AVE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

THE SHOPS AT PEMBROKE GARDENS
14542 SW 5 STREET
PEMBROKE PINES, FL 33027

Current Mailing Address:

2313 NW 186 AVE
PEMBROKE PINES, FL 33029

New Mailing Address:

THE SHOPS AT PEMBROKE GARDENS
14542 SW 5 STREET
PEMBROKE PINES, FL 33027

FEI Number: 20-4097615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESQUENAZI, ISRAEL
2313 NW 186 AVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

ESQUENAZI, ISRAEL
14542 SW 5 STREET
THE SHOPS AT PEMBROKE GARDENS
PEMBROKE PINES, FL 33027 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:

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: ESQUENAZI, ISRAEL
Address: 2313 NW 186 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V.P. (X) Delete
Name: GUTIERREZ, HENRY
Address: 18232 N.W. 20 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ISRAEL EQUENAZI

PRES

01/04/2008

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