## 2005 LIMITED LIABILITY COMPANY

**FILED** Apr 28, 2005 08:00 AM Secretary of State

AUTOAL ALI ON	
DOCUMENT # M020000 1. Entity Name A.A. HOLDINGS, LLC	001464
Principal Place of Business	_ Mailing Address
50 SOUTH SIXTH STREET, SUITE 1500 C/O WILLIAM R. HIBBS MINNEAPOLIS, MN 55402	50 South Sixth Street, Suite 1500 C/O William R. Hibbs Minneapolis, MN 55402



03182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-1953213 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CARBUCCIA, MARIDEL DO NOT WRITE 225 NE 34TH STREET, STE. 203 MIAMI, FL 33137 IN THIS SPACE 8. The above named entity submits this the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE (NOTE, Registered Agent signature required when reinstating) PATE - 000000940040 Filing Fee is \$50.00 Due by May 1, 2005 04/28/05-80091-025 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HIBBS, WILLIAM NAME STREET ADDRESS 50 SOUTH 6TH ST STE 1500 CITY-ST-ZIP MINNEAPOLIS, MN 55402 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

7634423243

Daytime Phone #