


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State


04-07-2006 90214 020 ****50.00

DOCUMENT # L00000002278	
1. Entity Name AOG TRI-COUNTY INVESTMENTS & MANAGEMENT, LLC	

Principal Place of Business 2705 TAMiami TR. PORT CHARLOTTE, FL 33952	Mailing Address 174 ORLANDO BLVD PORT CHARLOTTE, FL 33954
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2. Principal Place of Business 174 Orlando Blvd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Charlotte, FL	City & State
Zip 33954	Country US


	
03312006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 65-1023634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
ARIE MREJEN, P.A. 701 W. CYPRESS CREEK RD SUITE 302 FT. LAUDERDALE, FL	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNEIDEROVITCH, OREN 174 ORLANDO BLVD. PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME 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 Chapter 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 608, Florida Statutes.

SIGNATURE:  **4-2-06 941-623-4494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #