

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -1 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003487

1. Entity Name
A & E INVESTMENTS, L.L.C.

Principal Place of Business 4524 N. 56TH STREET TAMPA FL 33610	Mailing Address 4524 N. 56TH STREET TAMPA FL 33610
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number
59-3635371

5. Certificate of Status Desired Applied For Not Applicable

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUGRIS, ERIK M
4524 N. 56TH STREET
TAMPA FL 33610

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.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Manager - Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erik Lugris
STREET ADDRESS	4524 N. 56th street
CITY-ST-ZIP	TAMPA, FL 33610

TITLE	Manager - Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Reeves III
STREET ADDRESS	4524 N. 56th street
CITY-ST-ZIP	TAMPA, FL 33610

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: Allen Reeves **REQUALIFIED** Reeves 4/27/01 813-246-5770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRE083 (11/00)