


Apr 30 04 04:20p

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90020 008 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000002755 1. Entity Name A&A OF SOUTH FLORIDA, LLC	
---	---

24064843

Principal Place of Business VILLAGE BLVD VILLAGE SHOPPING CENTER WEST PALM BEACH, FL 33409 US	Mailing Address 801 VILLAGE BLVD., SUITE 305 WEST PALM BEACH, FL 33409 US
--	---



DO NOT WRITE IN THIS SPACE

04302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0609123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDENER, ROBERT J CPA
1799 7TH AVE N.
LAKE WORTH, FL 33461

**DO NOT WRITE
IN THIS SPACE**

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

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

NOTE: Registered Agent signature required when reculating!

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DABABNEH, ABE 234 SEABREEZE CIR. JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALGER, LAWRENCE 28 COUNTRY CLUB DR. TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #