2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State
07-21-2003 90087 004 ****50.00

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1. Entity Name
A&E MANAGEMENT, LLC

55053247

[redacted]

Principal Place of Business	Mailing Address
668 N. ORLANDO AVENUE. SUITE 1007 MAITLAND FL 32751	668 N. ORLANDO AVENUE. SUITE 1007 MAITLAND FL 32751

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2995 Stonewall Place		2995 Stonewall Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sanford, FL 32773		City & State: Sanford, FL	
Zip: 32773	Country: USA	Zip: 32773	Country: USA

4. FEI Number 03-0446862 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TREADWAY, LAURA 668 N. ORLANDO AVENUE, SUITE 1007 MAITLAND FL 32751	Name: TREADWAY, LAURA L Street Address (P.O. Box Number is Not Acceptable): 2995 STONEWALL PLACE City: SANFORD FL Zip Code: 32773

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: Laura Treadway — 7/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREADWAY, LAURA 668 N. ORLANDO AVENUE, SUITE 1007 MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREADWAY, LAURA 2995 STONEWALL PLACE SANFORD, FL 32773	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/03)

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: Laura Treadway — 7/16/03 — 407-936-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #