

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90002 036 ****50.00

DOCUMENT # L02000018523					
1. Entity Name A & E INVESTMENT ENTERPRISES LLC					
Principal Place of Business 2755 E. OAKLAND PARK BLVD. 300 FT. LAUDERDALE, FL 33306			Mailing Address 2755 E. OAKLAND PARK BLVD. 300 FT. LAUDERDALE, FL 33306		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6240 NW 110 Ave Suite, Apt. #, etc.			
City & State		City & State Parkland, FL		4. FEI Number APPLIED FOR 20-0082488	
Zip		Country		Zip 33076	
Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LANE, PAUL J 2755 E. OAKLAND PARK BLVD. 300 FT. LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name: Bogoslawsky Amit Street Address (P.O. Box Number is Not Acceptable): 6240 NW 110 Ave City: Parkland FL Zip Code: 33076		
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: Bogoslawsky Amit DATE: 04/30/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME BEN EHUDA, BOAZ STREET ADDRESS 2755 E. OAKLAND PARK BLVD #300 CITY-ST-ZIP FT. LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Delete		TITLE Manager NAME Amit Bogoslawsky STREET ADDRESS 6240 NW 110th Avenue CITY-ST-ZIP Parkland, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Manager NAME Amit Bogoslawsky STREET ADDRESS 6240 NW 110th Ave CITY-ST-ZIP Parkland, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Amit Bogoslawsky, Manager 04/30/04 954-796-6524		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		