

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90104 014 ****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 6240 NW 10 AVE. PARKLAND, FL 33076		
2. Principal Place of Business 6240 N.W. 10th AVENUE		3. Mailing Address Suite, Apt. #, etc.			
City & State PARKLAND, FL 33076		City & State Suite, Apt. #, etc.		4. FEI Number 20-0082488	
Zip 33076		Country BARBADOS		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGOSLAUSKY, AMIT BOGOSLAVSKY, AMIT 6240 NW 10 AVE. PARKLAND, FL 33076				7. Name and Address of New Registered Agent Name BOGOLAVSKY, AMIT Street Address (P.O. Box Number is Not Acceptable) 6240 N.W. 10th AVENUE 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 <u><i>Efrat Bogolavsky</i></u> EFRAT BOGOLAVSKY 02/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOGOLOWSKY, AMIT 6240 NW 110TH AVE. PARKLAND, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOGOSLAVSKY, AMIT 6240 NW 110th AVE PARKLAND, FL 33076
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOGOSLOWSKY, EHRAT 6240 NW 110TH AVE. PARKLAND, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOGOSLAVSKY, EFRAT 6240 NW 110th AVE PARKLAND, FL 33076
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Efrat Bogolavsky</i></u> EFRAT BOGOLAVSKY Feb 22, 2005 (954) 946-8011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					