


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000024564</b>					
<b>1. Entity Name</b> AES, LLC					
<b>Principal Place of Business</b> 8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514			<b>Mailing Address</b> 8201 UNIVERSITY PARKWAY PENSACOLA, FL 32514		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>03202007 Chg-LLC CR2E083 (12/06)</b>	
<b>4. FEI Number</b> 02-0668961				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
HUSTON, GARY W 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32501				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b>	<b>MGR</b>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>MMS, LLC</b>			<b>NAME</b>	<b>MV LLC</b>
<b>STREET ADDRESS</b>	<b>8201 UNIVERSITY PARKWAY</b>			<b>STREET ADDRESS</b>	<b>8201 University Dr</b>
<b>CITY-ST-ZIP</b>	<b>PENSACOLA, FL 32514</b>			<b>CITY-ST-ZIP</b>	<b>Pensacola, FL 32514</b>
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>	
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>M. Popple</i> <b>M.A. Popple</b> <b>4-13-07</b> <b>850-474-8724</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

FILED  
07 APR 26 PM 3:57  
STATE  
PENSACOLA, FLORIDA

