

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034594

Entity Name: AURORA, LLC

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

927 FERN ST., STE 1800
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

927 FERN ST.
SUITE 1800
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

927 FERN ST., STE 1800
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

927 FERN ST.
SUITE 1800
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-3763316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, JOHN B
927 FERN STREET, SUITE 1800
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

HARRISON, JOHN B
927 FERN STREET
SUITE 1800
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE:

04/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HARRISON, JOHN B
Address: 1443 DINGENS AVE BOX 26
City-St-Zip: GOTH, FL 34734 US

Title: MGRM () Delete
Name: HARRISON, VICKIE G
Address: 1443 DINGENS AVE BOX 26
City-St-Zip: GOTH, FL 34734 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN B. HARRISON

MR.

04/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date