## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 12, 2004 8:00 am Secretary of State 01-16-2004 90015 008 \*\*\*\*50.00

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Principal Place of Business 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819		Mailing Address 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819			34000331	•
	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		TIERTIAN AN ABIRD KNIL OYNI BAN RAY	TI ONUI OFIS IS IN COLDE MOIS CIII	IEI IN 1871
		<u> </u>		01052004 Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number 101-1443616	- <del> </del>	Applic
Ζὶρ	Country	Zip	Country	5. Certificate of Status Desired	S5.00 Addi	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New R	tegistered Agent	
KOLTUN,	JEFFREY M. H WYMORE ROAD , SUITE	400		s (P.O. Box Number is Not Acceptable	a)	
MAITLAND	D, FL 32751	: 100				
			City		Zio Code	
9 -The above	record entity culturity this statement	t for the overden of charining it		itered agent, or both, in the State of Fl	FL .	
Filing Fee is \$50.00 Due by May 1, 2004		,				
	ue by May 1, 2004	· .			ke check payable to a Department of State	,
9	MANAGING MEM	IBERS/MANAGERS	10.		a Department of State	
D	ue by May 1, 2004	CI pulse	7m c	Florid	a Department of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEM  President Ame  James D. Ame  7758 Wallace	CI pulse	TITLE NAME STREET ADDRESS	Florid	a Department of State	□ <b>^</b>
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEM  President Ame  James D. Ame  7758 Wallace	Poad, Suite 1 32819	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Florid	a Department of State //CHANGES  Change	^^
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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

February 5, 2004

B AND A INVESTMENTS, LLC 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819

Subject: B AND A INVESTMENTS, LLC

Reference Number:

L03000007016

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION