## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

| ANNUAL REPURT   |   |  |  |                                  |                                   |
|---|---|--|--|----------------------------------|-----------------------------------|
| DOCUMENT # L03000007016  1. Entity Name B AND A INVESTMENTS, LLC  |   |  |  | Secre                            | etary of Stat                     |
| ]   | <del>=</del>                                  |  | THE STATE OF THE S | 1                                |                                   |
| Principal Plac<br>7758 WALLA<br>ORLANDO, Fi   | CE ROAD, SUITE 1                              | Mailing Address<br>7758 WALLACE ROAD, SUITE 1<br>ORLANDO, FL 32819 | ŀ  |                                  |                                   |
|   |   |  | <u> </u>   |                                  |                                   |
| DO NOT WRITE IN THIS SPA  |   |  | CE   | 01032005 No Chg-LLC              | 2E083 (10/03)                     |
|   |   |  |  | 4. FEI Number 61-1443612         | Applied For Not Applicable        |
|   |   | <u> </u>   |  | 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |
| 6. Name and Address of Current Registered Agent   |   |  |  |                                  |                                   |
| KOLTUN, JEFFREY M<br>557 NORTH WYMORE ROAD , SUITE 100<br>MAITLAND, FL 32751  |   |  | DO NOT WRITE IN THIS SPACE   |                                  |                                   |
|   |   | ā., , , ,  |  | IN THIS SPAC                     | , <b>E</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. |   |  |  |                                  |                                   |
| SIGNATURE  Signature, typed or printed name of registered apent and title it applicable. (NOTE Registered   |   |  | J Agent signalure required when reinstailing)  DATE  |                                  |                                   |
| and the many of the state of the factions define may mind a debasedow. Other indication of Minus Silver Silver Manufactured Minus (autorita).   |   |  |  |                                  |                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   |  |  |                                  |                                   |
| 9.  | MANAGING MEMB                                 | ERS/MANAGERS   | 1  |                                  |                                   |
| TITLE<br>NAME   | P<br>AKERS, JAMĒS D                           |  | ]  |                                  |                                   |
| STREET ADDRESS<br>CITY-ST-ZIP   | 7758 WALLACE ROAD, SUITE<br>ORLANDO, FL 32819 | 1<br>  | <u>]</u> -   | 03 <b>/199</b> 692858            | 860<br>40-022 50.00               |
| TITLE<br>NAME   |   |  | }  |                                  |                                   |
| STREET ADDRESS CITY-ST-ZIP  |   | <u></u>  | -  |                                  |                                   |
| TITLE<br>NAME   |   |  | Ī  |                                  | į                                 |
| STREET ADDRESS<br>CITY-5T-ZIP   |   |  | <u></u>  | DO NOT WRIT                      | J                                 |
| TITLE<br>NAME   |   |  | 1  | IN THIS SPAC                     | E                                 |
| STREET ADDRESS<br>CITY-ST-ZIP   |   | <u></u>  | ].   |                                  |                                   |
| TITLE<br>NAME   |   |  |  |                                  |                                   |
| STREET ADDRESS  |   |  | ŧ  |                                  | ì                                 |

11. Thereby 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 frustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE!

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

114/05

407-352-6700

Daytime Phone #