

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000008986

1. Entity Name

AEH HOLDINGS, L.L.C.



Principal Place of Business

2155 PONCE DE LEON CIRCLE
VERO BEACH FL 32960

Mailing Address

2155 PONCE DE LEON CIRCLE
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

68-0545433

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BOULEVARD, SUITE A 210
VERO BEACH FL 32960-7103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME HAGOOD, DANA
STREET ADDRESS 2155 PONCE DE LEON CIRCLE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition
NAME 000000232252
STREET ADDRESS 02/16/05-80058-003 50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME HAGOOD, M. JOHNSON
STREET ADDRESS 2155 PONCE DE LEON CIRCLE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

2-11-5 772-567-2237