

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 12, 2008
Secretary of State**

DOCUMENT# L03000010129

Entity Name: AWS INVESTMENTS, LLC

Current Principal Place of Business:

1375 WEST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1375 WEST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 30-0162496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, LARRY W
1375 WEST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VON SEIDEL, ALEXANDER
Address: 1375 W. HILLSBORO BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MGRM () Delete
Name: VON SEIDEL, WALTRAUT
Address: 1375 W. HILLSBORO BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR () Delete
Name: ANDERSON, LARRY W
Address: 1375 W. HILLSBORO BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: LARRY W. ANDERSON

MGR

02/12/2008

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