


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90003 018 ****55.00

DOCUMENT # L03000010486

1. Entity Name
AAC HOLDINGS, LLC



Principal Place of Business
**ONE SE THIRD AVENUE, 28TH FL
 MIAMI, FL 33131**

Mailing Address
**ONE SE THIRD AVENUE, 28TH FL
 MIAMI, FL 33131**

2. Principal Place of Business
1825 Ponce de Leon Blvd

3. Mailing Address
1825 Ponce de Leon Blvd

Suite, Apt. #, etc.
487

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA



04302004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0049025

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 ONE SE THIRD AVENUE, 28TH FL
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM Queneo, Benito 1825 Ponce de Leon Blvd, # 487 Coral Gables, FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **04-30-04 305-5862493**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #