
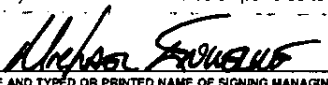


FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90035 045 *****55.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000011111					
1. Entity Name AEK, LLC					
Principal Place of Business 101 NW 176 STREET MIAMI, FL 33169			Mailing Address 101 NW 176 STREET MIAMI, FL 33169		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2102747	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ENGELKE, MICHAEL 101 NW 176 STREET MIAMI, FL 33169				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					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE	C	<input type="checkbox"/> Delete			
NAME	ANDRELOS, HORACE S JR				
STREET ADDRESS	13320 SW 16 CT.				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325				
TITLE	S	<input type="checkbox"/> Delete			
NAME	ENGELKE, MICHAEL				
STREET ADDRESS	6829 KERONESE ST.				
CITY-ST-ZIP	MIAMI, FL 33146				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS / CHANGES					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Andrews, Horace S. Jr.				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	6829 Veronese St.				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
MICHAEL ENGELKE					
Date: 07 MAR 05 Daytime Phone #: 305-652-1020					