

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000031732**

Entity Name  
**AA MANAGEMENT FLORIDA, LLC**



Principal Place of Business  
**100 RING ROAD WEST, STE 101  
GARDEN CITY, NY 11530**

Mailing Address  
**100 RING ROAD WEST, STE 101  
GARDEN CITY, NY 11530**



01032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>86-1078591</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AA CORPORATION SYSTEM  
100 SOUTH PINE ISLAND ROAD  
GARDEN CITY, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

I, 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, 2006**

**MANAGING MEMBERS/MANAGERS**

NAME	<b>MGRM ACHENBAUM, WILLIAM</b>
ADDRESS	<b>100 RING ROAD WEST, STE 101 GARDEN CITY, NY 11530</b>

000000398106  
01/30/06-80081-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Y19/00 516 248-4920