


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90066 038 ****50.00

DOCUMENT # L03000039513		
1. Entity Name A & A ENTERPRISES, LLC		

Principal Place of Business 2525 EAST HILLSBORO AVE. SUITE 169 TAMPA, FL 33610	Mailing Address 2525 EAST HILLSBORO AVE. SUITE 169 TAMPA, FL 33610
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24059213



2. Principal Place of Business		3. Mailing Address 12732 Topsfield DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO FL	
Zip	Country	Zip	Country
32837	USA	32837	USA

04142004 Chg-LLC CR2E083 (10/03)

4. FEI-Number 30-0244191		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HARJANI, RAMESH 1115 TUXFORD DRIVE BRANDON, FL 33511		7. Name and Address of New Registered Agent Name HARJANI, RAJESH F. Street Address (P.O. Box Number is Not Acceptable) 12732 TOPSFIELD DR City ORLANDO FL Zip Code 32837

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  **RAJESH F. HARJANI** DATE **4/26/04**
(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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARJANI, RAMESH 1115 TUXFORD DRIVE BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARJANI, RAJESH 12732 TOPSFIELD DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

MEM/MGR

Date

Daytime Phone #

4/26/04