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Secretary of State

06-06-2005 90559 026 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041197

1. Entity Name
AAA INVESTMENTS, LLC

20059824

Principal Place of Business	Mailing Address
7100 SKYWAY LN S #802 ST. PETERSBURG, FL 33711	7100 SKYWAY LN S #802 ST. PETERSBURG, FL 33711

2. Principal Place of Business		3. Mailing Address	
5095 BAY ST NE		5095 BAY ST NE	
Suite, Apt. #, etc. 314		Suite, Apt. #, etc. 314	
City & State ST PETERSBURG, FL		City & State ST PETERSBURG	
Zip F 33711	Country USA	Zip 33711	Country USA

05092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0711843 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAGNER, KATHLEEN 7100 SKYWAY LN S #802 ST. PETERSBURG, FL 33711	Name: MAGNER, KATHLEEN Street Address (P.O. Box Number is Not Acceptable): 5095 BAY ST NE # 314 City: ST PETERSBURG FL Zip Code: 33711

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: KATHLEEN MAGNER MGR *[signature]* 6/3/05
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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MAGNER, KATHLEEN 7100 SKYWAY LN S #802 ST. PETERSBURG, FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MAGNER, KATHLEEN 5095 BAY ST NE #314 ST PETERSBURG, FL 33711	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAGNER, PHILLIP 7100 SKYWAY LN S #802 ST. PETERSBURG, FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAGNER, PHILLIP 5095 BAY ST NE # 314 ST PETERSBURG, FL 33711	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: KATHLEEN MAGNER *[signature]* 6/3/05 727-688-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #