# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 06, 2005 8:00 am**
**Secretary of State**

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

20059624

05092005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000041197

1. Entity Name
AAA INVESTMENTS, LLC

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

Mailing Address
7100 SKYWAY LN S #802
ST. PETERSBURG, FL 33711

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

3. Mailing Address
5095 BAY ST NE
Suite, Apt. #, etc.
314
City & State
ST PETERSBURG
Zip 33711 Country USA

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**

MAGNER, KATHLEEN
7100 SKYWAY LN S #802
ST. PETERSBURG, FL 33711

**7. Name and Address of New Registered Agent**

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 Kathleen Magner 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**

| | | |
|---|---|---|
| TITLE | MGR | ☐ Delete |
| NAME | MAGNER, KATHLEEN | |
| STREET ADDRESS | 7100 SKYWAY LN S #802 | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33711 | |
| TITLE | MGRM | ☐ Delete |
| NAME | MAGNER, PHILLIP | |
| STREET ADDRESS | 7100 SKYWAY LN S #802 | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33711 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST-ZIP | | |

**10. ADDITIONS / CHANGES**

| | | |
|---|---|---|
| TITLE | MGR | ☑ Change ☐ Addition |
| NAME | MAGNER, KATHLEEN | |
| STREET ADDRESS | 5095 BAY ST NE #314 | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33711 | |
| TITLE | MGRM | ☑ Change ☐ Addition |
| NAME | MAGNER, PHILLIP | |
| STREET ADDRESS | 5095 BAY ST NE #314 | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33711 | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
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| CITY ST-ZIP | | |
| TITLE | | ☐ Change ☐ 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:** KATHLEEN MAGNER Kathleen Magner 6/3/05 727 688-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #