2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000047672 1. Entity Name AE (BUD DWYER), LLC				Jan 29, 2007 08:00 AM Secretary of State
	o of Businoss HWEST 178TH AVENUE ST RANCHES FL 33331	Mailing Address 6921 SOUTHWEST 1 SOUTHWEST RANCH		
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address		
Suito, Apt. #, etc.		Suite, Apt #, etc		1st MOORE CR2E083 (10/06)
City & State		City & State		4. FEI Number Applied For
Zip	Country '	Zip Country		5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent	hiana.	7. Name and Address of New Registered Agent
692	. "BUD" DWYER 11 SOUTHWEST 178TH AVE UTHWEST RANCHES FL 33		Name Stroet Addre	ss (P.O. Box Number is Not Acceptable)
			City	FI Zip Code
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	l registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and acces
SIGNATURE.	Signature, typed or priviled name of registered agont		E: Registered Agent signature req	ured when renstating? DATE
		FILE No Make Check Payab	OW!!! FEE IS \$50.0 le to Florida Departn e By May 1, 2007	0
9.	MANAGING MEMBE	RS/MANAGÉRS	10.	ADDITIONS/CHANGES
NAMI SIPELTADDIASS CITY ST ZIP	MGRM A.E. "BUD" DWYER 6921 SOUTHWEST 178TH AVENI SOUTHWEST RANCHES FL 3333		NAME NAME STEEL ADDRESS CITY ST ZIP	□ Change □ Admin U00000610685 02/02/07-80031-020 55.00
NAME STREET ADDRESS CITY ST ZIP		□ Delete	THE NAME SIELE ADDRESS CITY ST 78	☐ Change ☐ A-t-Win
TITLE NAME STREET ADDRESS CITY-ST ZIP	-	☐ Delete	DIBE NAME STREEL ADDRESS THEY SEZIP "	☐ Change ☐ Adrial
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	THEE NAME SIPEFFADDRESS CITY ST. 712	☐ Change ☐ A-Limit
TITLE NAME SIREL! ADDRESS CITY ST 71P		. Doiete	HIBI NAME SIGHELADDRESS CITY ST 7IP	☐ Change ☐ A-t-till
TITLE NAME SIREET ADDRESS CITY ST ZIP		☐ Defete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A-Little

FILED

^{11.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.