

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003352

Entity Name: AEGEAN, LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

16056 BRISTOL ISLE WAY
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

16289 E PALMETTO PARK RD
BOCA RATON, FL 33432 US

Current Mailing Address:

16056 BRISTOL ISLE WAY
DELRAY BEACH, FL 33446 US

New Mailing Address:

289 E PALMETTO PARK RD
BOCA RATON, FL 33432 US

FEI Number: 52-2437940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVLER, KIMBERLY S
16056 BRISTOL ISLE WAY
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

BREW, KATE
2401 BANYAN RD
BOCA RATON, FL 33432 US

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.

SIGNATURE: KATE BREW

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SHIVLER, KIMBERLY S
Address: 16056 BRISTOL ISLE WAY
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PARKER, VALERIE A
Address: 831 SPRINGS CIRCLE APT 106
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: P () Change (X) Addition
Name: BREW, KATE
Address: 2401 BANYAN RD
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KATE BREW

P

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date