1

FILED
Apr 11, 2005 8:00 am
Secretary of State

01-28-2005 90073 044 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000020731

1. Entity Name
AA DESIMONE HOLDINGS, LLC

30003265

Principal Place of Business	Mailing Address
2110 N. OCEAN BOULEVARD FT. LAUDERDALE, FL 33305	2110 N. OCEAN BOULEVARD FT. LAUDERDALE, FL 33305

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1871356 ☐ 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
SNYDER & SNYDER, P.A. 7931 S.W. 45TH STREET DAVIE, FL 33328	Name: DeSimone Alfred A Street Address (P.O. Box Number is Not Acceptable): 2110 N Ocean Blvd Apt 1802 City: Ft Lauderdale FL Zip Code: 33305

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 ________ 1/25/05
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SPLENDORE, MARCEL		NAME		
STREET ADDRESS	11200 BRITTANY OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28277		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DESIMONE, ALFRED A		NAME		
STREET ADDRESS	2110 N. OCEAN BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ________ 1/25/05 954-389-7825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #