


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000020731</b>	
1. Entity Name AA DESIMONE HOLDINGS, LLC	

Principal Place of Business 2110 N. OCEAN BOULEVARD FT. LAUDERDALE, FL 33305	Mailing Address 2110 N. OCEAN BOULEVARD FT. LAUDERDALE, FL 33305
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1871356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DESIMONE, ALFRED A  
 2110 N OCEAN BLVD  
 APT 1802  
 FORT LAUDERDALE, FL 33305

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

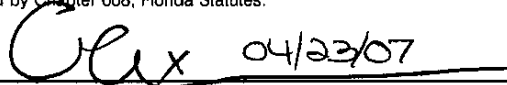
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPLENDORE, MARCEL 11200 BRITTANY OAKS DRIVE CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESIMONE, ALFRED A 2110 N. OCEAN BOULEVARD FT. LAUDERDALE, FL 33305
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U00000734670  
 05/10/07-80003-004 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: X       Date 04/23/07      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #