

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90036 041 ****50.00

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03072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000043723			
1. Entity Name AG INVESTMENTS, LLC			
Principal Place of Business 2700 BLAIR STONE ROAD TALLAHASSEE, FL 32301		Mailing Address 2700 BLAIR STONE ROAD TALLAHASSEE, FL 32301	
2. Principal Place of Business 2570 Barrington Circle Suite, Apt. #, etc.		3. Mailing Address 2570 Barrington Circle Suite, Apt. #, etc.	
City & State Tallahassee Florida		City & State Tallahassee Florida	
Zip 32308	Country USA	Zip 32308	Country USA
4. FEI Number 20-1257477		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASPROS, STEVEN 2700 BLAIR STONE ROAD TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: Aspros, Steven Street Address (P.O. Box Number is Not Acceptable): 2570 Barrington Circle City: Tallahassee FL Zip Code: 32308	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Steven Aspros 2570 Barrington Circle Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Anthony Grippa 2570 Barrington Circle Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Kim Grippa 2570 Barrington Circle Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Mary Aspros 2570 Barrington Circle Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 3/8/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	