## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **FILED** Mar 10, 2005 8:00 am Secretary of State 03-10-2005 90036 041 \*\*\*\*50.00

| DOCUI<br>1. Entity Name<br>AG INVES   |                  |                           |                                 | 03-10-2005 90036 041 ****50.00 |            |                           |                                  |   |                                      |                           |                |
|---|------------------|---------------------------|---------------------------------|--------------------------------|------------|---------------------------|----------------------------------|---|--------------------------------------|---------------------------|----------------|
| Principal Place<br>2700 BLAIR S   | AD               |                           |                                 | 70019(In                       |            |                           |                                  |   |                                      |                           |                |
| TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301   |                  |                           |                                 |                                |            |                           |                                  | <b>.</b><br>1811 61611 68111 68111 6611 | 1 <b>8 1</b> 111 <b>8 18 18</b> 1111 | 18818 (1888 H)            | BBA (III: EVB) |
| 2. Principal Pl   | aton Circle      | ton                       | Circle                          | ,                              |            |                           |                                  |   |                                      |                           |                |
| Suite, Apt.   |                  | 3,10                      | Suite, Apt. #, etc.             |                                |            | -                         | 03072005 Chg-LLC CR2E083 (10/03) |   |                                      |                           |                |
| City & State  | 35566            | Florida                   | City & State Tallahassee        | orida                          |            | 4. FEI Number<br>20 - [2: | <br>57417                        |   | _ <del>  `</del>                     | plied For<br>t Applicable |                |
| 323 08  |                  | Country                   | Zip<br>32308                    | Coun                           |            |                           | 5. Certificate o                 | f Status Desired                        |                                      | 5.00 Add<br>ee Required   |                |
|   | → 6. Name        | and Address of Current I  | Registered Agent                |                                | Name       | 1                         |                                  | ddress of New R                         | egistered A                          | gent -                    |                |
| ASPROS. STEVEN  |                  |                           |                                 |                                |            |                           | spros, Steven                    |   |                                      |                           |                |
| 2700 BLAIR STONE ROAD<br>TALLAHASSEE, FL 32301  |                  |                           |                                 |                                |            | ddress (                  | P.O. Box Number                  | is Not Acceptable                       | *)                                   |                           |                |
|   |                  |                           |                                 |                                |            | 2570 Barrington Circle    |                                  |   |                                      |                           |                |
| City ·  |                  |                           |                                 |                                |            |                           | hassee                           | <del> </del>                            | FL                                   | Zip Code                  | 200            |
| 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                  |                           |                                 |                                |            |                           |                                  |   |                                      |                           |                |
|   |                  |                           |                                 |                                |            |                           |                                  |   |                                      |                           |                |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |                  |                           |                                 |                                |            |                           |                                  |   | e check pa<br>Departme               |                           |                |
| 9.  |                  | MANAGING MEMBE            | RS/MANAGERS                     | 10.                            |            |                           |                                  | ADDITIONS/                              | CHANGES                              |                           |                |
| TITLE<br>Name   |                  |                           | ☐ Delete                        | TITLI                          |            | MGR                       | m<br>even Aspr                   | o <b>s</b>                              |                                      | Change                    | Addition       |
| STREET ADDRESS  |                  |                           |                                 |                                | ET ADDRESS | 257                       | o Barrings                       | on Circle                               |                                      |                           |                |
| CITY-ST-ZIP   |                  |                           |                                 | CITY                           | -ST-ZIP    | Tall                      | ahassee,                         | FL 323                                  | 7                                    |                           |                |
| TITLE<br>NAME   |                  | _ 5000                    |                                 | TITLE                          |            | MG Ant                    | hony Gris                        | ipa                                     |                                      | ☐ Change                  | Addition       |
| STREET ADDRESS  |                  |                           |                                 |                                | ET ADDRESS | 257                       | o Barring                        | ton arcle                               | <u>.</u>                             |                           |                |
| CITY-ST-ZIP   |                  |                           |                                 |                                | -ST-ZIP    |                           | <u>lahassee"</u>                 | , FL 323                                |                                      |                           |                |
| TITLE<br>NAME   |                  |                           | ☐ Delete                        | TITLI                          |            | MGR                       | (                                |   |                                      | Change                    | Addition       |
| STREET ADDRESS  |                  |                           |                                 |                                | ET ADDRESS | 257                       | o Barrina                        | ton Circle                              | e                                    |                           |                |
| CITY-ST-ZIP   |                  |                           |                                 |                                | -ST-ZIP    | Tal                       | la hassee                        | FL 323                                  | OB                                   |                           |                |
| TITLE<br>NAME   |                  |                           | ☐ Defete                        | TITL<br>NAM                    |            | MET                       | R<br>ru Acorne                   |   |                                      | ☐ Change                  | Addition       |
| STREET ADDRESS  |                  |                           |                                 |                                | ET ADDRESS | 257                       | 2 Baccida                        | bo Circle                               |                                      |                           |                |
| CITY-ST-ZIP   |                  |                           |                                 | CITY                           | -ST-ZIP    | Tall                      | ahassee,                         | fon Circle<br>FL 323                    | 08                                   |                           |                |
| TITLE   |                  |                           | Delete                          | TITL                           |            |                           | •                                |   |                                      | ☐ Change                  | ☐ Addition (   |
| NAME<br>STREET ADDRESS  |                  |                           |                                 | NAM<br>STRE                    | ET ADDRESS |                           |                                  |   |                                      |                           | 1              |
| CITY-ST-ZIP   |                  |                           |                                 |                                | -ST-ZIP    | <u> </u>                  |                                  |   |                                      |                           |                |
| TITLE   |                  |                           | ☐ Defete                        | TITL                           |            |                           |                                  |   |                                      | ☐ Change                  | Addition       |
| NAME<br>etpeet appecee  |                  |                           |                                 | NAM                            | ET ADDRESS |                           |                                  |   |                                      |                           | ļ              |
| STREET ADDRESS<br>CITY-ST-ZIP   |                  |                           | •                               | 1                              | -ST-ZIP    |                           |                                  |   |                                      |                           | j              |
| 11. I hereby o  | certify that the | information supplied with | this filing does not qualify fo | r the exe                      | mption sta | ted in Se                 | ection 119.07(3)(i)              | , Florida Statutes. I                   | further certif                       | fy that the in            | formation      |
| indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                  |                           |                                 |                                |            |                           |                                  |   |                                      |                           |                |