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Feb 28, 2005 8:00 am
Secretary of State
01-26-2005 90059 040 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1

DOCUMENT # L04000057189

1. Entity Name

AU INVESTMENTS LLC

30000605

1st MOORE CR2E083 (10/04)

Principal Place of Business	Mailing Address
5133 MYSTIC POINT COURT ORLANDO FL 32812	5133 MYSTIC POINT COURT ORLANDO FL 32812

Change Maily address

2. Principal Place of Business	3. Mailing Address
	5043 Coveview DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ST. Cloud, FL
Zip / Country	Zip: 34771 / Country: U.S.A.

4. FEI Number: 14-191-3554 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUYNH, TU T
5133 MYSTIC POINT COURT
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name: Tu-Tung-Huynh

Street Address (P.O. Box Number is Not Acceptable): 5043 Coveview DR

City: ST cloud FL Zip Code: 34771

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] DATE 2/24/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	AN MY MAC	☐ Change ☑ Addition
NAME	HUYNH, TU T		NAME	1657 North Chickasaw Trail	
STREET ADDRESS	5133 MYSTIC POINT COURT		STREET ADDRESS	Orlando, FL 32825	
CITY-ST-ZIP	ORLANDO FL 32812		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		
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: [signature] 1/17/05 (407) 382-3188

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

ATTACHMENT
30000683

To Whom it may concern:

My name is Tu Tuy Huynh.
Ref # L040000057189. I will
Be move to New address effective
at 3/6/05. Please can you
process my new address is
5043 Cove View DR
ST Cloud, FL 34771

thank you very much!