

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

04-14-2005 90025 012 ****50.00

DOCUMENT # L04000061043 1. Entity Name AI INVESTMENTS, LLC					
Principal Place of Business 9311 SOLAR DRIVE TAMPA, FL 33619			Mailing Address 9311 SOLAR DRIVE TAMPA, FL 33619		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1498929	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YOUNG, ANDREW J 5311 SOLAR DRIVE TAMPA, FL 33619				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MANAGING MEMBER <input type="checkbox"/> Delete		TITLE	MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Andrew J Young		NAME	Andrew J Young	
STREET ADDRESS	9311 Solar Drive		STREET ADDRESS	9311 Solar Drive	
CITY - ST - ZIP	Tampa FL 33619 <input type="checkbox"/> Delete		CITY - ST - ZIP	Tampa FL 33619 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			Date: 4/11/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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