

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083714

Entity Name: ARI INVESTMENTS L.L.C.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

3660 US- 1
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 765
MIMS, FL 32754

New Mailing Address:

FEI Number: 59-3540255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, ERIC A
3660 US-1
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, ROBERT J
Address: 3660 US-1
City-St-Zip: MIMS, FL 32754

Title: MGRM () Delete
Name: ANDERSON, WILLIAM R
Address: 3660 US-1
City-St-Zip: MIMS, FL 32754

Title: MGRM () Delete
Name: ANDERSON, ERIC A
Address: 3660 US-1
City-St-Zip: MIMS, FL 32754

Title: MGRM () Delete
Name: ANDERSON, JOHN M
Address: 3660 US-1
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC A. ANDERSON

SEC

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date