2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L05000006613

Entity Name: AURORA INVESTMENTS & MANAGEMENT, LLC

Current Principal Place of Business:

1060 STRATFORD PLACE
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1060 STRATFORD PLACE
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 52-2449846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADEN, LISA
4623 FOREST HILL BLVD., STE 111
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

PATEL, KAMLESH R
1060 STRATFORD PLACE
MELBOURNE, FL 32940 US

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: KAMLESH R PATEL 03/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PATEL, KAMLESH R
Address: 1060 STRATFORD PLACE
City-St-Zip: MELBOURNE, FL 32940

Title: MGR ( ) Delete
Name: PATEL, PARUL K
Address: 1060 STRATFORD PLACE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PATEL, KAMLESH R
Address: 1060 STRATFORD PLACE
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM (X) Change ( ) Addition
Name: PATEL, PARUL K
Address: 1060 STRATFORD PLACE
City-St-Zip: MELBOURNE, FL 32940

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: KAMLESH R PATEL MGRM 03/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date