

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000011328**  
 1. Entity Name  
**A & E PROJECT MANAGEMENT & CONSULTING L.L.C.**



Principal Place of Business      Mailing Address  
**2101 WEST VIEW DRIVE**      **2101 WEST VIEW DRIVE**  
**SUN CITY CENTER, FL 33573**      **SUN CITY CENTER, FL 33573**

**DO NOT WRITE IN THIS SPACE**



04212008No Chg-LLC      CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>44-3341096</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
**WATKINS, ED**  
**2101 WEST VIEW DRIVE**  
**SUN CITY CENTER, FL 33573**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>VIRGINIA MOLLOY, ANN</b><br><b>2101 WEST VIEW DRIVE</b><br><b>SUN CITY CENTER, FL 33573</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>WATKINS, ED</b><br><b>2101 WEST VIEW DRIVE</b><br><b>SUN CITY CENTER, FL 33573</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U000000917423  
 05/13/08-80040-022 138.75  
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11. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, 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:** *Ann V. Molloy*      4/29/08      813-634-2688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #