

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021380

Entity Name: AAM LAND INVESTMENTS, LLC

FILED
Mar 20, 2008
Secretary of State

Current Principal Place of Business:

225 SE 5TH AVENUE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

225 SE 5TH AVENUE
BOYNTON BEACH, FL 33435

New Mailing Address:

PO BOX 243662
BOYNTON BEACH, FL 33424

FEI Number: 20-2419327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORETTO, ARNOLD A
18928 SE LOXAHATCHEE RIVER ROAD
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

MORETTO, ARNOLD A
18940 SE CASTLE ROAD
JUPITER, FL 33458 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: ARNOLD A. MORETTO

03/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: MORETTO, ARNOLD A
Address: 18928 SE LOXAHATCHEE RIVER ROAD
City-St-Zip: JUPITER, FL 33458

Title: VPD () Delete
Name: MORETTO, SHIRLEY B
Address: 18928 SE LOXAHATCHEE RIVER ROAD
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: MORETTO, ARNOLD A
Address: PO BOX 8261
City-St-Zip: JUPITER, FL 33468

Title: VPD (X) Change () Addition
Name: MORETTO, SHIRLEY B
Address: PO BOX 8261
City-St-Zip: JUPITER, FL 33468

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: ARNOLD A. MORETTO

PD

03/20/2008

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