

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-26-2006 90022 042 ****50.00

DOCUMENT # L05000045600 1. Entity Name AMERICAN ASSOCIATION OF REAL ESTATE INVESTORS, LLC			
Principal Place of Business 1370 SOUTH OCEAN BLVD. LANTANA, FL 33462		Mailing Address 1370 SOUTH OCEAN BLVD. LANTANA, FL 33462	
2. Principal Place of Business 4710 Eisenhower Blvd. Suite, Apt. #, etc. Suite C-3 City & State Tampa FL Zip 33684 Country USA		3. Mailing Address P.O. Box 261718 Suite, Apt. #, etc. City & State Tampa FL Zip 33685-1718 Country USA	
4. FEI Number 20-2817167		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete NAME LOWE, PETER S STREET ADDRESS 1370 SOUTH OCEAN BLVD. CITY - ST - ZIP LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ST <input type="checkbox"/> Delete NAME LOWE, PETER S STREET ADDRESS 1370 SOUTH OCEAN BLVD. CITY - ST - ZIP LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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:		4/12/06 (813) 884-7200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	