

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045600

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** AMERICAN ASSOCIATION OF REAL ESTATE INVESTORS, LLC

**Current Principal Place of Business:**

4710 EISENHOWER BLVD  
SUITE C-3  
TAMPA, FL 33684

**New Principal Place of Business:**

4710 EISENHOWER BLVD  
SUITE B-5  
TAMPA, FL 33684

**Current Mailing Address:**

PO BOX 261718  
TAMPA, FL 336851718

**New Mailing Address:**

**FEI Number:** 20-2817167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR ( ) Delete  
Name: LOWE, PETER S  
Address: 1370 SOUTH OCEAN BLVD.  
City-St-Zip: LANTANA, FL 33462

Title: ST ( ) Delete  
Name: LOWE, PETER S  
Address: 1370 SOUTH OCEAN BLVD.  
City-St-Zip: LANTANA, FL 33462

**ADDITIONS/CHANGES:**

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: KATHLEEN GRACE GOSE

DIR

04/30/2009

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