

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90041 006 ****50.00

DOCUMENT # **L05000069029**
1. Entity Name
AURORA PROPERTIES PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

40068616



2. Principal Place of Business 11041 NW 44TH STREET		3. Mailing Address Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State	
Zip 33065	Country USA	Zip	Country

4. FEI Number 71-0985753	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City FL	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER EDWARD M FRENCH 11041 NW 44TH STREET CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CRS E0836 (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ed M French

4/4/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #