

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070567

FILED
Jul 21, 2006
Secretary of State

Entity Name: AEL, LLC

Current Principal Place of Business:

P.O. BOX 11338
FORT LAUDERDALE, FL 33339

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11338
FORT LAUDERDALE, FL 33339

New Mailing Address:

FEI Number: 51-0566778 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MUCCI, MARK S
ONE FINANCIAL PLAZA
SUITE 1600
FORT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

MUCCI, MARK S
5561 NORTH UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS, FL 33067 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: MARK S MUCCI

07/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOODMAN, ALLAN
Address: 4901 NW 115TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Delete
Name: MISURACA, STEPHEN
Address: 4901 NW 115TH TERRACE
City-St-Zip: CORAL SPRING, FL 33076

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 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: ALLAN WOODMAN

MGR

07/21/2006

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