


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 14 PM 1:23

|   |   |  |  |  |                                      |
|---|---|--|--|--|--------------------------------------|
| <b>DOCUMENT # L05000096388</b>  |   |  |  |         |                                      |
| <b>1. Entity Name</b><br>A & O INVESTMENTS, LLC   |   |  |  |  |                                      |
| <b>Principal Place of Business</b><br>439 S. FLORIDA AVE. SUITE 300<br>LAKELAND, FL 33801   |   |  | <b>Mailing Address</b><br>439 S. FLORIDA AVE. SUITE 300<br>LAKELAND, FL 33801  |  |                                      |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>                                |  |  |                                      |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                      |  |  |                                      |
| City & State  |   | City & State   |  |  |                                      |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>20-3680760   |                                      |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$5.00 Additional Fee Required</b>  |                                      |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ALLEN, EDWARD A<br>439 S. FLORIDA AVE.<br>300<br>LAKELAND, FL 33801   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>MARK E. Clements</u><br>Street Address (P.O. Box Number is Not Acceptable):<br><u>310 East Main Street</u><br>City: <u>LAKELAND</u> FL Zip Code: <u>33801</u> |  |                                      |
| <b>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.</b><br>SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/11/08</u>   |   |  |  |  |                                      |
| <b>Amended AR is \$50.00</b>  |   | <b>Make check payable to Florida Department of State</b> |  |  |                                      |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | M<br>ALLEN, EDWARD A<br>439 S. FLORIDA AVE. SUITE 300<br>LAKELAND, FL 33801 | <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Allen Enterprises International, Inc<br>439 S. Florida Avenue #300<br>LAKELAND, FL 33801 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | M<br>OLSON, DAVID L<br>439 S. FLORIDA AVE. SUITE 300<br>LAKELAND, FL 33801  | <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | The Olson Group of Ohio LLC<br>439 S. Florida Avenue #300<br>LAKELAND, FL 33801          |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 400123196004<br>04/14/08--01003--012 **598.75  |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                                      |
| <b>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.</b> |   |  |  |  |                                      |
| <b>SIGNATURE:</b> <u>[Signature]</u>  |   |  | Date: <u>3/11/08</u>   |  | Daytime Phone #: <u>863 680 1300</u> |