


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-14-2007 90369 025 ****50.00

DOCUMENT # L06000010852 1. Entity Name AIM DEVELOPMENT & CONSTRUCTION, LLC					
Principal Place of Business 6301 NORTH OCEAN OCEAN RIDGE, FL 33435			Mailing Address 6301 NORTH OCEAN OCEAN RIDGE, FL 33435		
2. Principal Place of Business - No P.O. Box # 6301 N. Ocean Blvd.		3. Mailing Address 6301 N. Ocean Blvd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ocean Ridge, FL		City & State Ocean Ridge, FL		4. FEI Number 20-423-2014	
Zip 33435		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANER, THOMAS U ESQ 2000 GLADES ROAD SUITE 412 BOCA RATON, FL 33431			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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, CHARLES 6301 NORTH OCEAN OCEAN RIDGE, FL 33435	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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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: <u><i>[Signature]</i></u> 5-807 561-733-3333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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