

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047504

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** A & A INVESTMENTS & PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

14065 SE 34TH TERR.  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

14065 SE 34TH TERR.  
SUMMERFIELD, FL 34491

**New Mailing Address:**

**FEI Number:** 20-4843843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

YOUNG, BETTY A  
4047 SW 51ST COURT  
OCALA, FL 34474 US

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

OBERLIES, NANCY  
4519 SE 140 PL.  
BELLEVIEW, FL 34420 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: NANCY OBERLIES

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: ALLISON, WALTER E  
Address: 14065 SE 34TH TERR.  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP ( ) Delete  
Name: ALLISON, MARY E  
Address: 14065 SE 34TH TERR.  
City-St-Zip: SUMMERFIELD, FL 34491

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: ALLISON, WALTER R  
Address: 14065 SE 34TH TERR.  
City-St-Zip: SUMMERFIELD, FL 34491

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: MARY ALLISON

VP

04/27/2007

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