


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

05-25-2007 90199 002 \*\*\*\*50.00

<b>DOCUMENT # L06000048835</b>	
1. Entity Name <b>AAAL LLC</b>	

Principal Place of Business <b>2060 EVERGLADES BLVD SOUTH NAPLES, FL 34117 US</b>	Mailing Address <b>2060 EVERGLADES BLVD SOUTH NAPLES, FL 34117 US</b>
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2. Principal Place of Business - No P.O. Box # <b>16821 SW 38 Street</b>	3. Mailing Address <b>16821 SW 38 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIRAMAR, FL</b>	City & State <b>MIRAMAR, FL</b>
Zip <b>33027</b>	Zip <b>33027</b>
Country <b>USA</b>	Country <b>USA</b>

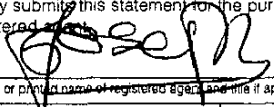
05222007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>
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7. Name and Address of New Registered Agent Name <b>LUKA, JOSEPH</b> Street Address (P.O. Box Number is Not Acceptable) <b>16821 SW 38 Street</b> City & State <b>MIRAMAR, FL</b> Zip Code <b>33027</b>
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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: 	DATE: <b>5-22-07</b>
(NOTE: Registered Agent signature required when reinstating)		

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LUKA, JOSEPH 16821 SW 38TH ST MIRAMAR, FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: 	DATE: <b>5-22-07</b>	DAYTIME PHONE #: <b>954-437-1164</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		