2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000072388

1. Entity Name

A & I INVESTMENTS, LLC



FILED May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

15896 DELASOL LANE NAPLES, FL 34110

Mailing Address

15896 DELASOL LANE NAPLES, FL 34110



04292008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number		Applied For		
43-2109368		Not Applicable		
5. Certificate of Status Desired		5.00 Additional		

6. Name and Address of Current Registered Agent

AHMED, RIAZ U 15896 DELASOL LANE

DO NOT WRITE

NAPLES,	FL 34110	IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered	Agent signeture required when reinstating) DATE · · ·			
File After May	! NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHMED, RIAZ U 15896 DELASOL LANE NAPLES, FL 34110	U00000947027 05/30/08-80073-001 138.75			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM ISLAM, MANZURUL 12693 TORBAY DR BOCA RATON, FL 33428	03/30/00~500/3~001 156.(3			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP	_				

11. I hereby certify that the information supplied with this filling 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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NAME.... 1,33. STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #