


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90149 007 \*\*\*\*55.00

|                                   |   |
|-----------------------------------|---|
| <b>DOCUMENT # L06000076746</b>    |  |
| 1. Entity Name<br><b>AAB, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br>622 N. FLAGLER DRIVE, #1201<br>WEST PALM BEACH, FL 33401 | Mailing Address<br>622 N. FLAGLER DRIVE, #1201<br>WEST PALM BEACH, FL 33401 |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

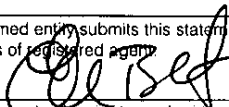
**60004520**



01102007 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                         |  |
| FILINGS, INC.<br>3732 N.W. 16TH STREET<br>FT. LAUDERDALE, FL 33311-4132 |  |

|  |                 |
|--|-----------------|
| 7. Name and Address of New Registered Agent        |                 |
| Name<br><b>Lee B. Gordon, Esquire</b>              |                 |
| Street Address (P.O. Box Number is Not Acceptable) |                 |
| <b>350 Royal Palm Way #403</b>                     |                 |
| City<br><b>Palm Beach</b>                          | FL <b>33480</b> |

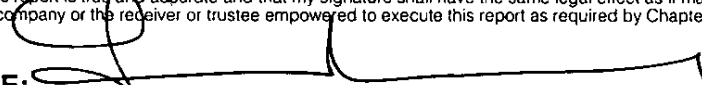
|   |                       |
|---|-----------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |                       |
| SIGNATURE   | DATE <b>1-19-2007</b> |

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ANDREAS, GEORGE C<br>622 N. FLAGLER DRIVE, #1201<br>WEST PALM BEACH, FL 33401 |
|  | <input type="checkbox"/> Delete   |
| 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"/> Delete   |
| 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"/> Delete   |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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.

|   |                     |
|---|---------------------|
| <b>SIGNATURE:</b>  | Date <b>1/19/07</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                     |

**GEORGE C. ANDREAS, Managing Member**