

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083869

Entity Name: AAA & E INVESTMENTS, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

2370 SW 127TH AVE
MIRAMAR, FL 33027

New Principal Place of Business:

4303 SW 132ND WAY
MIRAMAR, FL 33027

Current Mailing Address:

2370 SW 127TH AVE
MIRAMAR, FL 33027

New Mailing Address:

4303 SW 132ND WAY
MIRAMAR, FL 33027

FEI Number: 20-5438249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, EDWIN
2370 SW 127TH AVE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

PEREZ, EDWIN
4303 SW 132ND WAY
MIRAMAR, FL 33027 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: EDWIN PEREZ

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREZ, EDWIN
Address: 2370 SW 127TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM () Delete
Name: PEREZ, ALEKSIS R
Address: 2370 SW 127TH AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEREZ, EDWIN
Address: 4303 SW 132ND WAY
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM (X) Change () Addition
Name: PEREZ, ALEKSIS R
Address: 4303 SW 132ND WAY
City-St-Zip: MIRAMAR, FL 33027

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: ALEKSIS R. PEREZ

MGRM

01/15/2009

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