

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068002

FILED
Jan 15, 2009
Secretary of State

Entity Name: FORTRESS.AE, LLC

Current Principal Place of Business:

251 DOUGLAS ROAD EAST
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

251 DOUGLAS ROAD EAST
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 26-0445204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULECAS, JAMES F ESQ
1968 BAYSHORE BLVD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: WILLIAMS, DAVID L
Address: 251 DOUGLAS ROAD EAST
City-St-Zip: OLDSMAR, FL 34677

Title: VP () Delete
Name: WILLIAMS, IRVENE
Address: 251 DOUGLAS ROAD EAST
City-St-Zip: OLDSMAR, FL 34677

Title: SECR () Delete
Name: WILLIAMS, BRITNEY
Address: 251 DOUGLAS ROAD EAST
City-St-Zip: OLDSMAR, FL 34677

Title: TREA () Delete
Name: WILLIAMS, COURTNEY
Address: 251 DOUGLAS ROAD EAST
City-St-Zip: OLDSMAR, FL 34677

Title: ASST () Delete
Name: WILLIAMS, BRANDI
Address: 251 DOUGLAS ROAD EAST
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID L WILLIAMS

P

01/15/2009

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