


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000001849	
1. Entity Name AAA ACE HOME BUYERS LLC	

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business 132 MAGNOLIA BLUFF AVENUE JACKSONVILLE, FL 32211	Mailing Address 132 MAGNOLIA BLUFF AVENUE JACKSONVILLE, FL 32211
--	--



02232005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3536941	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	--

**6. Name and Address of Current Registered Agent**

NAPIER, EUGENE 132 MAGNOLIA BLUFF AVENUE JACKSONVILLE, FL 32211
---

**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NAPIER, EUGENE 132 MAGNOLIA BLUFF AVENUE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NAPIER, ALISTAIR P 132 MAGNOLIA BLUFF AVENUE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000242090  
02/24/05-80070-012 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** Eugene Napier (Eugene Napier) February 23, 2005 (904) 725-4443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
*managing member*