


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004103 1. Entity Name AURORA ENTERPRISES, LLC	
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Principal Place of Business 243 MAISON COURT ALTAMONTE SPRINGS, FL 32714	Mailing Address 243 MAISON COURT ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



03192005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3586820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUARDA, LUIS MD
243 MAISON COURT
ALTAMONTE SPRINGS, FL 32714**

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

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

U000000273825
03/23/05-80043-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUARDA, LUIS MD 243 MAISON COURT ALTAMONTE SPRINGS, FL 32714
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *LA* **LUIS A. GUARDA** 3/21/05 407-303-7683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
ALTAMONTE SPRINGS, FL 32714