2004

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

2004 JAN -6 PM 12:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M03000004349

1. Entity Name
AUE, LLC

200026113642
01/06/04--01017--018 **50.00

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2. Principal Place of Business	3. Mailing Address
5991 CHESTER AVE	5991 CHESTER AVE
Suite, Apt. #, etc. SUITE 104	Suite, Apt. #, etc. SUITE 104
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip FL / Country USA	Zip 32217 / Country USA

4. FEI Number 74-3103735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name JEFFERY CALLAHAN

Street Address (P.O. Box Number is Not Acceptable)
5991 CHESTER AVE
SUITE 104

City JACKSONVILLE FL Zip Code 32217

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 X Jeffery A Coll 29 December 2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE $ $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER JEFFRAY CALLAHAN 870 OAKLAND CT COOKEVILLE, TN 38501
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CR2E083B (12/02)

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: X Jeffery A Coll Jeffery Callahan 12/29/03 904-733-7327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #