


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90199 045 \*\*\*\*50.00

**DOCUMENT # L03000010178**

1. Entity Name  
**AEM ABMARSCH, LLC**



Principal Place of Business <b>9100 SOUTH DADELAND BLVD          STE 912          MIAMI, FL 33156</b>	Mailing Address <b>9100 SOUTH DADELAND BLVD          STE 912          MIAMI, FL 33156</b>
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2. Principal Place of Business - No P.O. Box # <b>801 Brickell Ave</b>	3. Mailing Address <b>P.O. Box 452124</b>
Suite, Apt. #, etc. <b>#880</b>	Suite, Apt. #, etc.
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33131</b> Country <b>US</b>	Zip <b>33245</b> Country <b>US</b>



01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>57-1166542</b>		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 <b>VARGAS, PIEDRA &amp; CO          9100 SOUTH DADELAND BLVD          STE 912          MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>Jorge Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 Brickell Ave # 880</b> City <b>Miami</b> FL Zip Code <b>33131</b>

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 *[Signature]* **JORGE RODRIGUEZ / AGENT** DATE **1/31/07**

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

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NARDI, EZIO 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 452124 Miami, FL 33245
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **01/31/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #