


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

02-05-2007 90199 044 \*\*\*\*50.00

DOCUMENT # L03000010180  
 1. Entity Name  
 AEM ANDERUNG, LLC



Principal Place of Business  
 9100 SOUTH DADELAND BLVD  
 STE 912  
 MIAMI, FL 33156

Mailing Address  
 9100 SOUTH DADELAND BLVD  
 STE 912  
 MIAMI, FL 33156

60013101

2. Principal Place of Business - No P.O. Box #  
 801 Brickell Ave

3. Mailing Address  
 PO Box 452124

Suite, Apt. #, etc. 880

Suite, Apt. #, etc. N/A



01102007 Chg-LLC CR2E083 (12/06)

City & State Miami, FL

City & State Miami, FL

Zip 33131 Country US

Zip 33245 Country USA

4. FEI Number 57-1167513

Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VARGAS, PIEDRA & CO  
 9100 SOUTH DADELAND BLVD  
 STE 912  
 MIAMI, FL 33156

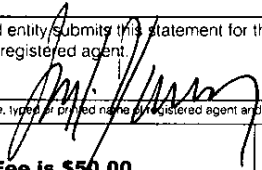
7. Name and Address of New Registered Agent

Name Jorge Rodriguez

Street Address (P.O. Box Number is Not Acceptable)  
 801 Brickell Ave # 880

City Miami FL Zip Code 33131

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  JORGE RODRIGUEZ / AGENT

DATE 1/31/07

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NARDI, EZIO 9100 SOUTH DADELAND BLVD MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PO Box 452124 Miami, FL 33245	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  01/31/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #