
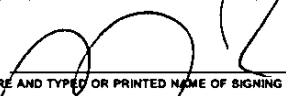


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90033 020 ***138.75

DOCUMENT # L03000010183			
1. Entity Name AEM ANFANG, LLC			
Principal Place of Business 801 BRICKELL AVE 880 MIAMI, FL 33131 US		Mailing Address P.O. BOX 452124 MIAMI, FL 33245 US	
2. Principal Place of Business - No P.O. Box # <i>1581 Brickell Ave</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>907</i>		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State	
Zip <i>33129</i>	Country <i>US</i>	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RODRIGUEZ, JORGE 801 BRICKELL AVE #880 MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>1581 Brickell Ave, Suite 907</i>	
		City <i>Miami</i>	FL Zip Code <i>33129</i>
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 P.O. BOX 452124 MIAMI, FL 33245 <input type="checkbox"/> Delete	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"/> Delete	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"/> 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: 		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

00029557



03212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 57-1166664 Applied For Not Applicable

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