2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000014840

1. Entity Name A-I HOLDINGS SR70, LLC



Principal Place of Business

21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 Mailing Address

21045 COMMERCIAL TRAIL BOCA RATON, FL 33486

FILED Apr 17, 2008 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E083 (12/07)

4. FEI Number 20-2336911

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

		,	
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.		· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486	04.	U00000903542 /30/08-80050-021 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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: WILLIAM K ISAACSON

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-14-08

566752400

Daytime Phone #