

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90055 039 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000097242

1. Entity Name
AAUG BROKERAGE, LLC



20002501

Principal Place of Business

1909 TYLER STREET
SUITE 601
HOLLYWOOD, FL 33020

Mailing Address

1909 TYLER STREET
SUITE 601
HOLLYWOOD, FL 33020

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5661358

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER & RASSNER, P.A.
7700 SW 88 STREET
SUITE 510
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Greg Gregory

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/07

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GREGORY, GREG
STREET ADDRESS 1909 TYLER STREET, SUITE 601
CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Delete

TITLE MGRM
NAME CONTI, TAVO
STREET ADDRESS 1909 TYLER STREET, SUITE 601
CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Delete

TITLE MGRM
NAME FALCON, JORGE E
STREET ADDRESS 2151 LEJEUNE ROAD, SUITE 303
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE MGRM
NAME CORNIDE, LEONARDO L
STREET ADDRESS 2151 LEJEUNE ROAD, SUITE 303
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

A. R. H. [Signature]

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

Date

1/17/07

Daytime Phone #

954.920.2772