2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L08000017371

Entity Name: AIM ASSOCIATION OF INDEPENDENT MEDIATORS LLC

Current Principal Place of Business:

807 NE 35TH STREET
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

PO BOX 1630
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 26-2241191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSON, MELANIE
807 NE 35TH STREET
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MCJ MEDIATION & CONS, ULTING SERVICE S , INC	
Address:	PO BOX 1630	
City-St-Zip:	BOCA RATON, FL 33429 US	
Title:	MGR	( ) Delete
Name:	THOMAS J. STANFORD P, .A.	
Address:	506 PRIVATEER ROAD	
City-St-Zip:	NORTH PALM BEACH, FL 33408 US	
Title:	MGR	( ) Delete
Name:	CEL MEDIATION, INC.,	
Address:	PO BOX 8045	
City-St-Zip:	JUPITER, FL 33468 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY L CONTESSA CPA CPA 01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date