

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90310 026 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000002731			
1. Entity Name AMERICAN INTERNATIONAL INVESTORS ADMINISTRATION, LLC			
Principal Place of Business 100 SE 2ND STREET STE 2050 MIAMI, FL 33131		Mailing Address 100 SE 2ND STREET STE 2050 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 100 S.E. 2nd Street Suite, Apt. #, etc. 47th Floor		3. Mailing Address 100 S.E. 2nd Street Suite, Apt. #, etc. 47th Floor	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA
6. Name and Address of Current Registered Agent DIVERSIFIED INVESTMENT ADVISORS, INC. 100 SE 2ND STREET STE 2050 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name CP Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324	
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 <i>Claudia L. Saari</i> Claudia L. Saari Asst. Secretary DATE 1/25/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent must be a resident of the State of Florida.)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOYLE, MICHAEL 1007 ORANGE STREET STE 1410 WILMINGTON, DE 19811 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AIIA Management Corporation 1007 Orange Street, Suite 1410 Wilmington, DE 19811 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, CARMEN 100 SE 2ND STREET STE 2050 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZELAYA, WILLIAM 100 SE 2ND STREET STE 2050 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Michael R. Kennedy, Authorized Representative 2/1/07 (313) 961-0200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

60014951



01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number
40-6624032 Applied For
☐ Not Applicable

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