

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # L04000029257

1. Entity Name
ASSOCIATED INTERNATIONAL BROKERAGE LLC



Principal Place of Business

**53RD STREET, URBANIZACION OBARRIO
TORRE SWISS BANK, 16TH FLOOR
CIUDAD DE PANAMA, REP OF PAN, PA 00000**

Mailing Address

**53RD STREET, URBANIZACION OBARRIO
TORRE SWISS BANK, 16TH FLOOR
XX CIUDAD DE PANAMA, REP OF PAN, PA 00000**

XX



05212007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVIS, LUIS A
53RD STREET, URBANIZACION OBARRIO
CIUDAD DE PANAMA /REP OF PA, PA 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HALL, PAMELA D
53RD STREET, URBANIZACION OBARRIO
CIUDAD DE PANAMA /REP OF PA, PA 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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06/01/07-80003-011 50.00

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IN THIS SPACE**

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: _____

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

David Lunte, authorized rep.

5/21/07 (212) 980-0340

Date

Daytime Phone #