

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092354

Entity Name: AAI, LLC

FILED
Apr 04, 2011
Secretary of State

Current Principal Place of Business:

3545-1 ST JOHNS BLUFF RD. SOUTH#306
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

3545-1 ST JOHNS BLUFF RD. SOUTH#306
JACKSONVILLE
JACKSONVILLE, FL 32224 US

Current Mailing Address:

3545-1 ST JOHNS BLUFF RD. SOUTH#306
JACKSONVILLE, FL 32224 US

New Mailing Address:

3545-1 ST JOHNS BLUFF RD. SOUTH#306
JACKSONVILLE
JACKSONVILLE, FL 32224 US

FEI Number: 26-4361934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUPARTO, PHILIPUS
3545-1 ST JOHNS BLUFF RD. SOUTH#306
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SUPARTO, PHILIPUS
3545-1 ST JOHN BLUFF RD S.#306
JACKSONVILLE
JACKSONVILLE, FL 32224 US

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:

04/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MD
Name: SUPARTO, PHILIPUS
Address: 3545-1 ST JOHNS BLUFF RD. SOUTH#306
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby 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: PHILIPUS SUPARTO

MD

04/04/2011

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