2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013063

Entity Name: AITF ENTERPRISES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
4352 EL JOBEAN ROAD SUITE A PORT CHARLOTTE, FL 33953	6704 KENWOOD DR NORTH PORT, FL 34287

Current Mailing Address:	**New Mailing Address:**
6704 KENWOOD DRIVE NORTH PORT, FL 34207	6704 KENWOOD DR NORTH PORT, FL 34287

FEI Number: 80-0047138   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MUXLOW, HAROLD R 6704 KENWOOD DRIVE NORTH PORT, FL 34287 US	MUXLOW, HAROLD R SR 6704 KENWOOD DRIVE NORTH PORT, FL 34287 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: HAROLD R. MUXLOW, SR.   04/26/2009

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	MUXLOW, HAROLD R	Name:	MUXLOW, HAROLD R SR
Address:	6704 KENWOOD DRIVE	Address:	6704 KENWOOD DRIVE
City-St-Zip:	NORTH PORT, FL 34287	City-St-Zip:	NORTH PORT, FL 34287

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	QUEEN, RENEE M	Name:	MUXLOW, CINDY L
Address:	6212 ABDELLA LANE	Address:	6704 KENWOOD DR
City-St-Zip:	NORTH PORT, FL 34286	City-St-Zip:	NORTH PORT, FL 34287

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: HAROLD R. MUXLOW, SR.   MGRM   04/26/2009

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