LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90586 008 ****50.00

DOCUMENT # L01000022308

1. Entity Name

AIB ST. PETERSBURG LLC

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957743

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2. Principal Place of Business	3. Mailing Address
c/o Klaus Thoma 1980 Post Oak Blvd.	c/o Klaus Thoma 1980 Post Oak Blvd.
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700
City & State Houston, TX	City & State Houston, TX
Zip / Country 77056 / USA	Zip / Country 77056 / USA

4. FEI Number
69-0002370
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
c/o CT Corporation System

1200 South 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.

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

DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	President
NAME	Johann C. Sieber
STREET ADDRESS	c/o Klaus Thoma
CITY-ST-ZIP	1980 Post Oak Blvd, Ste.700
TITLE	Vice-President
NAME	Andreas Sieber
STREET ADDRESS	c/o Klaus Thoma
CITY-ST-ZIP	1980 Post Oak Blvd., Ste 700
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E083B (12/01)

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ attorney and agent-in-fact 4-25-02 718-966-7204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #