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Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90133 015 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022308

1. Entity Name
AIB ST. PETERSBURG LLC

44052085

Principal Place of Business	Mailing Address
C/O KLAUS THOMA 1980 POST OAK BLVD, STE. 700 HOUSTON, TX 77056	C/O KLAUS THOMA 1980 POST OAK BLVD., STE. 700 HOUSTON, TX 77056
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Suite 720	Suite, Apt. #, etc.: Suite 720
City & State	City & State
Zip / Country	Zip / Country

07202004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 69-0002370 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name: Street Address (P.O. Box Number Is Not Acceptable): City: FL Zip Code:

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 8, 2004

Make Checks Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIEBER, JOHANN C C/O KLAUS THOMA 1980 POST OAK BLVD STE 700 HOUSTON, TX 77056 — XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AIB Management II, LLC 1980 Post Oak Blvd., Suite 720 Houston, TX 77056 — X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIEBER, ANDREAS C/O KLAUS THOMA 1980 POST OAK BLVD STE 700 HOUSTON, TX 77056 — XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(Managing Member) — ☐ 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
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 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: Johann C. Sieber President 7/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #