2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022308

1. Entity Name

AIB ST. PETERSBURG LLC

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

20025579

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip / Country	Zip / Country	

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AIB Management II, L.L.C. By: Johann C. Sieber, President c/o Klaus Thoma, 1980 Post Oak Blvd., Suite 700, Houston, TX 77056	☒ 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	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: _SIGNATURE Johann C. Sieber_ 1/28/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #