

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90181 010 \*\*\*138.75

**60016091**



02282008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000005304</b> 1. Entity Name <b>AU FINGER, L.L.C.</b>					
Principal Place of Business <b>13331 PARK BOULEVARD SEMINOLE, FL 33776</b>			Mailing Address <b>13331 PARK BOULEVARD SEMINOLE, FL 33776</b>		
2. Principal Place of Business - No P.O. Box # <b>19440 GULF BLVD.</b>		3. Mailing Address <b>13799 Park Blvd N</b>		4. FEI Number <b>56-2315549</b>	
Suite, Apt. #, etc. <b># 307</b>		Suite, Apt. #, etc. <b># 313</b>			
City & State <b>INDIAN STORES, FL</b>		City & State <b>Seminole, FL</b>			
Zip <b>33785</b>		Zip <b>33776</b>			
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, GERALD A JR - Rosemary J. Smith</b> <b>13331 PARK BOULEVARD</b> <b>SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent Name <b>Rosemary J. Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>19440 GULF BLVD # 307</b> City <b>INDIAN STORES</b> <b>FL</b> Zip Code <b>33785</b>	
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 <u><i>Rosemary J. Smith</i></u> <span style="float: right;">3/17/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, GERALD A JR 13331 PARK BOULEVARD SEMINOLE, FL 33776	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13799 Park Blvd N # 313</b> <b>Seminole, FL 33776</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, ROSEMARY J 13331 PARK BOULEVARD SEMINOLE, FL 33776	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13799 PARK BLVD. N # 313</b> <b>SEMINOLE, FL 33776</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Rosemary J. Smith</i></u> <span style="float: right;">3/17/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					