

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005304

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: AU FINGER, L.L.C.

**Current Principal Place of Business:**

19440 GULF BLVD  
307  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

13799 PARK BLVD N  
313  
SEMINOLE, FL 33776

**New Mailing Address:**

FEI Number: 56-2315549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, ROSEMARY J  
19440 GULF BLVD 307  
INDIAN ROCKS BEACH, FL 33785 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH, GERALD A JR  
Address: 13799 PARK BLVD N 313  
City-St-Zip: SEMINOLE, FL 33776

Title: MGR ( ) Delete  
Name: SMITH, ROSEMARY J  
Address: 13799 PARK BLVD N 313  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SMITH, ROSEMARY J  
Address: 13799 PARK BLVD N 313  
City-St-Zip: SEMINOLE, FL 33776

Title: MGR (X) Change ( ) Addition  
Name: SMITH, GERALD JR  
Address: 13799 PARK BLVD N 313  
City-St-Zip: SEMINOLE, FL 33776

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: ROSEMARY J SMITH

MGR

03/20/2009

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