
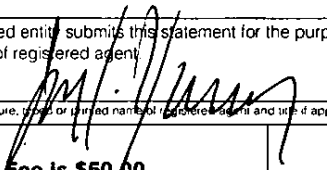
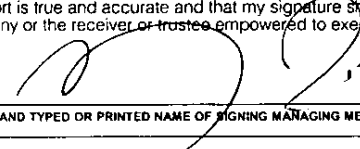


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90199 045 ****50.00

DOCUMENT # L03000010178					
1. Entity Name AEM ABMARSCH, LLC					
Principal Place of Business 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156			Mailing Address 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box # 801 Brickell Ave		3. Mailing Address P.O. Box 452124			
Suite, Apt. #, etc. #880		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 57-1166542	
Zip 33131		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VARGAS, PIEDRA & CO 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name: Jorge Rodriguez Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Ave #880 City: Miami FL Zip Code: 33131			
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 		JORGE RODRIGUEZ / AGENT		1/31/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NARDI, EZIO 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 452124 Miami, FL 33245	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 			01/31/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		