
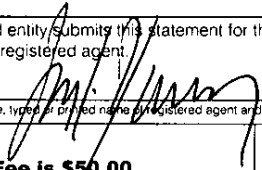
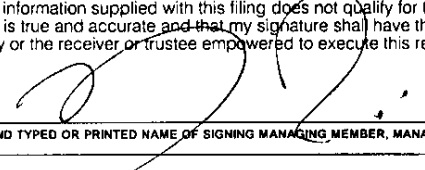


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-05-2007 90199 044 \*\*\*\*50.00

<b>DOCUMENT # L03000010180</b> 1. Entity Name <b>AEM ANDERUNG, LLC</b>					
Principal Place of Business <b>9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156</b>			Mailing Address <b>9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156</b>		
2. Principal Place of Business - No P.O. Box # <b>801 Brickell Ave</b>		3. Mailing Address <b>P O Box 452124</b>			
Suite, Apt. #, etc. <b>880</b>		Suite, Apt. #, etc. <b>NA</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>57-1167513</b>	
Zip <b>33131</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>33245</b>		Country <b>USA</b>		01102007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>VARGAS, PEDRA &amp; CO 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name <b>Jorge Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 Brickell Ave # 880</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</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  <b>JORGE RODRIGUEZ / AGENT</b> DATE <b>1/31/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARDI, EZIO 9100 SOUTH DADELAND BLVD MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P O Box 452124 Miami, FL 33245</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> 				Date <b>01/31/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

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