


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90048 042 ****55.00

DOCUMENT # L04000024320	
1. Entity Name AI PROPERTIES, LLC	

Principal Place of Business 14663 RIVIERA POINTE DRIVE ORLANDO, FL 32828	Mailing Address 14663 RIVIERA POINTE DRIVE ORLANDO, FL 32828
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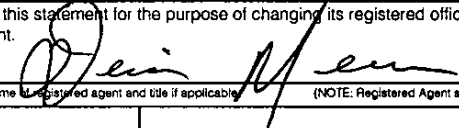
20010759

2. Principal Place of Business 14663 Riviera Pointe Dr Orlando FL.	3. Mailing Address 14663 Riviera Pointe Dr Orlando FL.
Suite, Apt. #, etc. Orlando FL.	Suite, Apt. #, etc. Orlando FL.
City & State 32828 USA	City & State Orlando FL.
Zip 32828	Country USA

02072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-101-6542	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD SUITE 100 MAITLAND, FL 32751	
7. Name and Address of New Registered Agent Name: Derrick Meer Street Address (P.O. Box Number is Not Acceptable): 14663 Riviera Pointe Dr City: Orlando FL Zip Code: 32828	

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:  Derrick Meer	DATE: 2/12/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP President Derrick Meer 14663 Riviera Pointe Dr. Orlando FL. 32828	<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 Treasurer Vaughan Rhea 2336 Pear Tree Court Orlando FL. 32807	<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
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 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:  Derrick Meer	DATE: 2/12/05	Daytime Phone #: 321-277-0040
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