


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000029257**

1. Entity Name  
**ASSOCIATED INTERNATIONAL BROKERAGE LLC**



Principal Place of Business <b>53RD STREET, URBANIZACION OBARRIO          TORRE SWISS BANK, 16TH FLOOR          CIUDAD DE PANAMA, REP OF PAN, PA 00000</b>	Mailing Address <b>53RD STREET, URBANIZACION OBARRIO          TORRE SWISS BANK, 16TH FLOOR          CIUDAD DE PANAMA, REP OF PAN, PA 00000</b>
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05212007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.  
 11380 PROSPERITY FARMS ROAD #221E  
 PALM BEACH GARDENS, FL 33410**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable (DATE)

**Filing Fee is \$50.00  
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, LUIS A 53RD STREET, URBANIZACION OBARRIO CIUDAD DE PANAMA /REP OF PA, PA 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, PAMELA D 53RD STREET, URBANIZACION OBARRIO CIUDAD DE PANAMA /REP OF PA, PA 00000
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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:** David Luntz, authorized rep. **5/21/07 (212) 980-0340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #