2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000054215

1. Entity Name
AIF AGENCY LLC

Principal Place of Business	Mailing Address
701 BRICKELL AVENUE SUITE 1650 MIAMI, FL 33131	C/O HARPER MEYER PEREZ FERRER & HAGEN 701 BRICKELL AVE SUITE 1400 MIAMI, FL 33131

2. Principal Place of Business
5646 NORTH BAY ROAD
Suite, Apt. #, etc.

3. Mailing Address
5646 NORTH BAY ROAD
Suite, Apt. #, etc.

01102005   Chg-LLC   CR2E083 (10/03)

City & State *MIAMI BEACH FL*
Zip *33140* Country *USA*

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Zip *33140* Country *USA*

4. FEI Number — Applied For — ✔ Not Applicable

5. Certificate of Status Desired ☐ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, ROBERT A
2699 SOUTH BAYSHORE DRIVE, SUITE 500
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — **FL** — Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

			10.			ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	*MGRM*			☑ Change	☐ Addition
NAME	FLEISCHMAN, AARON I		NAME	*FLEISCHMAN, AARON I*				
STREET ADDRESS	701 BRICKELL AVE, STE 1650		STREET ADDRESS	*5646 NORTH BAY ROAD*				
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	*MIAMI BEACH FL 33140*				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

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: _____   *Jan 13, 2005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #