

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087127

FILED
Apr 30, 2007
Secretary of State

Entity Name: AMERICAN GLOBAL INTERNATIONAL UNIVERSITY MIAMI FLORIDA LLC

Current Principal Place of Business:

1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960

New Principal Place of Business:

Current Mailing Address:

1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GEORGE, MATHEWS
Address: 1203 GOVERNORS SQUARE BLVD., SUITE 101
City-St-Zip: TALLAHASSEE, FL 323012960

Title: SEC () Delete
Name: BENJAMIN, BARBER
Address: 1203 GOVERNORS SQUARE BLVD., SUITE 101
City-St-Zip: TALLAHASSEE, FL 323012960

Title: PRES () Delete
Name: FAZILUL, HAQUE
Address: 1203 GOVERNORS SQUARE BLVD, SUITE 101
City-St-Zip: TALLAHASSEE, FL 323012960

Title: VP () Delete
Name: ANDREW OGILVY, WEBB
Address: 1203 GOVERNORS SQUARE BLVD., SUITE 101
City-St-Zip: TALLAHASSEE, FL 323012960

Title: TSR () Delete
Name: LAUREN, CARRICO
Address: 1203 GOVERNORS SQUARE BLVD., SUITE 101
City-St-Zip: TALLAHASSEE, FL 323012960

Title: MD () Delete
Name: ASHLEY, BOHLENDER
Address: 1203 GOVERNORS SQUARE BLVD., SUITE 101
City-St-Zip: TALLAHASSEE, FL 323012960

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FAZILUL HAQUE

PRES

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date