2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# L04000087127

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 DR 03/26/2008

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