

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000008006

1. Entity Name  
AIPO HOLDINGS, LLC



Principal Place of Business  
255 SOUTH ORANGE AVENUE, SUITE 1500  
ORLANDO, FL 32801

Mailing Address  
255 SOUTH ORANGE AVENUE, SUITE 1500  
ORLANDO, FL 32801



01232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number<br>20-2506439                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

BEAVER PROPERTIES, INC.  
290 SOUTHWEST 12TH AVENUE  
DEERFIELD BEACH, FL 33442

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |                                    |
|----------------|------------------------------------|
| TITLE          | MGR                                |
| NAME           | SABGA, S. PAUL                     |
| STREET ADDRESS | 255 SOUTH ORANGE AVENUE SUITE 1500 |
| CITY-ST-ZIP    | ORLANDO, FL 32801                  |

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|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| CITY-ST-ZIP    |  |

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05/02/07-80107-012 50.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/07

Date

407-649-1200

Daytime Phone #