## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L05000060339** 03-14-2007 90207 017 \*\*\*\*55.00 1. Entity Name AMERICAN INTERNATIONAL MANAGEMENT, LLC Principal Place of Business Mailing Address 2000 S OCEAN BLVD 2000 S OCEAN BLVD BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20-3098133 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAROTHERS, SCOTT 4331 NORTH FEDERAL HIGHWAY, SUITE 302 FT. LAUDERDALE, FL 33308 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 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGRM Sarrhan Behzat Defete TITLE ☐ Addition NAME KAYA, GURBUZ NAME 2000 S. Ocean BAVd. #9-F 4331 NORTH FEDERAL HIGHWAY, SUITE 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP MGR Delete TITLE TELL MGR KAYA GUrbuz SARIHAN, BEHZAT NAME NAME 2000 S. OCRAN BEVD. #9-F 2000 S OCEAN BLVD #9F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Addition Delete TITLE 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

Mar 14, 2007 8:00 am

SIGNATURE: Barbay, Behzat Sarihan, 46RM 3/8/07 (561)362-0804

11. I hereby certify that the information supplied with this filling 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.