

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-03-2006 90076 005 ****50.00

DOCUMENT # L05000113452	
1. Entity Name AIFOS, LLC	

Principal Place of Business 3300 PGA BLVD., #990 PALM BEACH GARDENS, FL 33410	Mailing Address 3300 PGA BLVD., #990 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30005119



03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0760175	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PONCELA, CLARISA 3300 PGA BLVD., #990 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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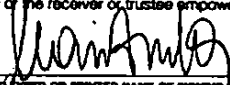
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	☐ Delete		TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	PONCELA, CLARISA			STREET ADDRESS			
CITY- ST- ZIP	3300 PGA BLVD., #990 PALM BEACH GARDENS, FL 33410			CITY- ST- ZIP			

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #