

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040661

Entity Name: AIP GROUP, LLC

FILED  
Apr 24, 2008  
Secretary of State

## Current Principal Place of Business:

2014 E. ADAMS STREET  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

1900 WAMBOLT ST  
JACKSONVILLE, FL 32202

## Current Mailing Address:

2014 E. ADAMS STREET  
JACKSONVILLE, FL 32202

## New Mailing Address:

1900 WAMBOLT ST  
JACKSONVILLE, FL 32202

FEI Number: 20-4732412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAY, CATHERINE J  
2014 E. ADAMS STREET  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

GRAY, CATHERINE J  
4446 HENDRICKS AVE  
SUITE 412  
JACKSONVILLE, FL 32207 US

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:

04/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WILSON, JOHN S  
Address: 4446 HENDRICKS AVE SUITE 412  
City-St-Zip: JACKSONVILLE, FL 32207

Title: M ( ) Delete  
Name: WILSON, COURTENAY S  
Address: 331 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Delete  
Name: FRANK, JIM J  
Address: 2014 EAST ADAMS ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Delete  
Name: TURVEY, SUSAN H  
Address: 2014 EAST ADAMS ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Delete  
Name: GRAY, CATHERINE J  
Address: 2014 EAST ADAMS ST  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WILSON, JOHN S  
Address: 1900 WAMBOLT ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Change ( ) Addition  
Name: GRAY, CATHERINE J  
Address: 1900 WAMBOLT ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Change ( ) Addition  
Name: TURVEY, SUSAN H  
Address: 1900 WAMBOLT ST  
City-St-Zip: JACKSONVILLE, FL 32202

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: CATHERINE J GRAY

MGR

04/24/2008

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