

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051747

Entity Name: AI HOMES GROUP, LLC

FILED
Mar 13, 2008
Secretary of State

Current Principal Place of Business:

1113 SE 47TH TERRACE
#4
CAPE CORAL, FL 33904

Current Mailing Address:

1113 SE 47TH TERRACE STE 4
CAPE CORAL, FL 33904

New Principal Place of Business:

1405 SE 47TH ST
SUITE 1
CAPE CORAL, FL 33904

New Mailing Address:

1405 SE 47TH ST
SUITE 1
CAPE CORAL, FL 33904

FEI Number: 43-2111066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEBER, BODO
1113 SE 47TH TERRACE STE 4
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

KLEBER, BODO
1405 SE 47TH ST
SUITE 1
CAPE CORAL, FL 33904 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: BODO KLEBER

03/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FINANCE & ESTATE CON, SULTING GROUP, LLC
Address: 16773 PANTHER PAW COURT
City-St-Zip: FORT MYERS, FL 33908

Title: MGR (X) Delete
Name: KLEBER, BODO
Address: 16773 PANTHER PAW COURT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: KLEBER, BODO
Address: 16773 PANTHER PAW COURT
City-St-Zip: FORT MYERS, FL 33908

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: BODO KLEBER

D

03/13/2008

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