2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L06000070771

Entity Name: AIVINCARDS LLC

Current Principal Place of Business:

12712 W SUNRISE BLVD., SUITE 311
SUNRISE, FL 33323

New Principal Place of Business:

12717 W SUNRISE BLVD.
SUITE 311
SUNRISE, FL 33323

Current Mailing Address:

12712 W SUNRISE BLVD., SUITE 311
SUNRISE, FL 33323

New Mailing Address:

12717 W SUNRISE BLVD.
SUITE 311
SUNRISE, FL 33323

FEI Number: 20-5167026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, DAVE
5916 NW 15TH STREET
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALLEN, DAVE
Address: 5916 NE 15TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: MGRM ( ) Delete
Name: MORGAN, CARL
Address: 1630 E SANDPIPER CIR
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete
Name: MAPP, KEVIN
Address: 4959 SW 165TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: DAVE ALLEN MGRM 01/04/2007

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