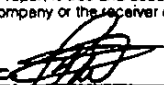


FILED  
Apr 09, 2008 8:00 am  
Secretary of State

03-17-2008 90266 035 \*\*\*138.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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| <b>DOCUMENT # L07000017572</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |         |                                                                   |
| 1. Entity Name<br>AIPO REAL ESTATE LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                          |                                                                   |
| Principal Place of Business<br>255 SOUTH ORANGE AVE.<br>SUITE 1500<br>ORLANDO, FL 32801                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | Mailing Address<br>255 SOUTH ORANGE AVE.<br>SUITE 1500<br>ORLANDO, FL 32801              |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | 3. Mailing Address                                                                       |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     | Suite, Apt. #, etc.                                                                      |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     | City & State                                                                             |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                             | Zip                                                                                      | Country                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | 01112008 Chg-LLC CR2E083 (12/06)                                                         |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | 4. FEI Number<br>22-3954771                                                              | Applied For<br>Not Applicable                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | 7. Name and Address of New Registered Agent                                              |                                                                   |
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code           |                                                                   |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                          |                                                                   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | Make check payable to<br>Florida Department of State                                     |                                                                   |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | 10. ADDITIONS / CHANGES                                                                  |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>SABGA, S. PAUL<br>255 SOUTH ORANGE AVE.<br>ORLANDO, FL 32801 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>SABGA, PETER R<br>255 SOUTH ORANGE AVE.<br>ORLANDO, FL 32801 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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  Peter Sabga vice-manager                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     | 1/23/08 754-425-0295                                                                     |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | Date Daytime Phone #                                                                     |                                                                   |