

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076748

Entity Name: AID LLC

FILED  
Mar 28, 2008  
Secretary of State

**Current Principal Place of Business:**

20032 WATERS EDGE LN - # 1404  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

20032 WATERS EDGE LN - # 1404  
BOCA RATON, FL 33434

**New Mailing Address:**

915 MIDDLE RIVER DRIVE SUITE 506  
MORAITIS, COFAR, KARNEY & MORAITIS  
FORT LAUDERDALE, FL 33304

FEI Number: 26-0591471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORAITIS, GEORGE R JR, ESQ  
915 MIDDLE RIVER DR  
STE 506  
FT LAUDERDALE, FL 33304 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: MGR ( ) Delete  
Name: ENRIQUE IMERY, CARLOS  
Address: 20032 WATERS EDGE LN - # 1404  
City-St-Zip: BOCA RATON, FL 33434

Title: MGR ( ) Delete  
Name: ALFONZO-LARRAIN, ALVARO IGNACIO  
Address: 20032 WATERS EDGE LN - # 1404  
City-St-Zip: BOCA RATON, FL 33434

**ADDITIONS/CHANGES:**

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: CARLOS ENRIQUE IMERY

MGR

03/28/2008

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