

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104339

Entity Name: AUM HOLDINGS, LLC

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

132 SOUTHLAKE DRIVE  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

132 SOUTHLAKE DRIVE  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CRABTREE, R.R.  
8777 SAN JOSE BLVD., BLDG. A, SUITE 200  
JACKSONVILLE, FL 32217 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: MARYA, SUNIL  
Address: P.O. BOX 213454  
City-St-Zip: DUBAI, UAE,

Title: MGRM ( ) Delete  
Name: BATRA, LALITA  
Address: 626 SAND PEBBLE DRIVE  
City-St-Zip: SCHAUMBURG, IL 60193

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: MARYA, AJAY  
Address: 132 SOUTHLAKE DR  
City-St-Zip: ST AUGUSTINE, FL 32092

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: AJAY MARYA

MGRM

03/23/2009

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