2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 16, 2008 8:00 am Secretary of State DOCUMENT # M02000003387 01-16-2008 90059 001 ***277.50 ADVANCED INVESTMENT PARTNERS, LLC Mailing Address Principal Place of Business SUUUUUUDA 100 MAIN STREET 100 MAIN STREET SUITE 301 **SUITE 301** SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL. 34695 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 38-3667160 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pouglas CASE, DOUGLAS W Address (P.O. Box Number is Not Acceptable) 5666 STAG THICKET LANE PALM HARBOR, FL 34685 301 Har bor 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 Signature, typed or printed name of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition AIP MANAGER, LLC NAME NAME STREET ADDRESS TWO INTERNATIONAL PLACE STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02110 CITY-ST-ZIP TITLE MGR ☐ Delete THILE Change ☐ Addition CASE, DOUGLAS W NAME STREET ADDRESS 100 MAIN STREET, SUITE 301 STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP MGR ☐ Delete □ Change TITLE TITLE ■ Addition NAME STYPUL, BRYAN NAME STREET ADDRESS 100 MAIN STREET, SUITE 301 STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP ☐ Change TITLE MGR ☐ Delete TITLE ☐ Addition LYONS, JOSEPH NAME STREET ADDRESS ONE LINCOLN ST., 32ND FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOSTON, MA 02111 Delete TITLE TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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.

FILED