


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90059 001 \*\*\*277.50

<b>DOCUMENT # M02000003387</b>	
1. Entity Name <b>ADVANCED INVESTMENT PARTNERS, LLC</b>	

Principal Place of Business <b>100 MAIN STREET SUITE 301 SAFETY HARBOR, FL 34695</b>	Mailing Address <b>100 MAIN STREET SUITE 301 SAFETY HARBOR, FL 34695</b>
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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
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6. Name and Address of Current Registered Agent	
<b>CASE, DOUGLAS W</b> <b>5666 STAG THICKET LANE</b> <b>PALM HARBOR, FL 34685</b>	

7. Name and Address of New Registered Agent	
Name <b>Case, Douglas W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Main Street</b> Suite <b>301</b> City <b>Safety Harbor</b> <b>FL</b> Zip Code <b>34695</b>	

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	DATE

<b>FILE NOW!!! FEE IS \$138.75</b>	<b>After May 1, 2008 Fee will be \$538.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>AIP MANAGER, LLC</b> <b>TWO INTERNATIONAL PLACE</b> <b>BOSTON, MA 02110</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CASE, DOUGLAS W</b> <b>100 MAIN STREET, SUITE 301</b> <b>SAFETY HARBOR, FL 34695</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>STYPUL, BRYAN</b> <b>100 MAIN STREET, SUITE 301</b> <b>SAFETY HARBOR, FL 34695</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LYONS, JOSEPH</b> <b>ONE LINCOLN ST., 32ND FLOOR</b> <b>BOSTON, MA 02111</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS 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: <b>Bryan Stypul</b>	<b>1-4-07</b> <b>727-799-3671</b> Date Daytime Phone #