

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003387

FILED
Feb 18, 2009
Secretary of State

Entity Name: ADVANCED INVESTMENT PARTNERS, LLC

Current Principal Place of Business:

100 MAIN STREET
SUITE 301
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

100 MAIN STREET
SUITE 301
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 38-3667160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASE, DOUGLAS W
100 MAIN ST STE 301
SAFETY HARBOR, FL 34695 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: AIP MANAGER, LLC,
Address: TWO INTERNATIONAL PLACE
City-St-Zip: BOSTON, MA 02110

Title: MGR () Delete
Name: CASE, DOUGLAS W
Address: 100 MAIN STREET, SUITE 301
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR () Delete
Name: STYPUL, BRYAN
Address: 100 MAIN STREET, SUITE 301
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR () Delete
Name: LYONS, JOSEPH
Address: ONE LINCOLN ST., 32ND FLOOR
City-St-Zip: BOSTON, MA 02111

ADDITIONS/CHANGES:

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

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

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

Title: MGR (X) Change () Addition
Name: CHASE, JARED
Address: ONE LINCOLN ST., 32ND FLOOR
City-St-Zip: BOSTON, MA 02111

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: BRYAN STYPUL

MGR

02/18/2009

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