2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M02000003408

NAME. STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

AIB MANAGEMENT II, L.L.C.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O KLAUS THOMA 1980 POST OAK BLVD., SUITE 720 HOUSTON, TX 77056

Mailing Address

C/O KLAUS THOMA 1980 POST OAK BLVD., SUITE 720 HOUSTON, TX 77056



01102007 No Chg-LLC

CR2E083 (11/05)

| 4. | FEI Number |
|----|------------|
| | 35-2179716 |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REID, JOHN 780 GILES & ROBINSON, P.A. 390 N. ORANGE STREET, SUITE 2180.

DO NOT WRITE

| ORLANDO, FL 32801 | | IN THIS SPACE | |
|---------------------------------------|---|---|-------|
| | named entity submits this statement for the purpose of chations of registered agent | nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac | ccept |
| SIGNATURE. | Signature typed or printed name of registered agent and fille if applicable | (NOTE Registered Agent signature required when reinstating) DATE | |
| | iling Fee Is \$50.00 ue by May 1, 2007 | · · | |
| 9 | MGR AIB MANAGEMENT I, L.P. 1980 POST OAK BOULEVARD SUITE 720 | U00000621427 | |
| CITY-ST-ZIP TITLE NAME | HOUSTON, TX 77056 | 02/12/07-80016-015 50.0 | OC |
| STREET ADDRESS CITY-ST-ZIP TITLE | | | |
| HAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | |
| TITLE | | | |

IN THIS SPACE

CITY,-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

| 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 eath, that I am a managing member or managing to the |
| | limited liability company or the receiver or trustee empowered to execute this receit as required by Chapter 608, Florida Statutes, |

President SIGNATURE:

Daylime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE