
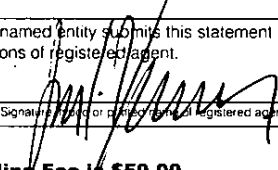
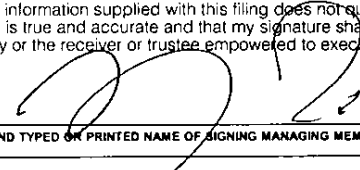


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90201 009 \*\*\*\*50.00

<b>DOCUMENT # M03000003474</b> 1. Entity Name <b>AEM ERFAHRUNG, L.L.C.</b>					
Principal Place of Business <b>9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156</b>			Mailing Address <b>9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156</b>		
2. Principal Place of Business - No P.O. Box # <b>801 Brickell Ave</b>		3. Mailing Address <b>P.O. Box 452124</b>			
Suite, Apt. #, etc. <b>880</b>		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL 33245</b>			
Zip <b>33131</b>		Country <b>US</b>		4. FEI Number <b>20-0039187</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
01102007 Chg-LLC CR2E083 (12/06)					
6. Name and Address of Current Registered Agent  <b>PIEDRA, AURELIO A 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name <b>Jorge Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 Brickell Ave Suite 880</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</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  <b>JORGE RODRIGUEZ / AGENT</b> <b>1/31/07</b> <small>Signature of individual or officer of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NARDI, EZIO 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. BOX 452124 MIAMI, FL 33245	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<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.					
<b>SIGNATURE:</b> 					<b>1/31/07</b> <small>Date</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					