

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2006 OCT 31 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10232006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # M04000004816</b> 1. Entity Name INTERNATIONAL ASSOCIATION OF INVESTORS, L.L.C.					
Principal Place of Business 251 TAMiami TRAIL, SOUTH VENICE, FL 34285			Mailing Address 251 TAMiami TRAIL, SOUTH VENICE, FL 34285		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1455458</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  AUBREY DALLEN ASSOCIATES, LLC 232 ST. AUGUSTINE AVE., #E105 VENICE, FL 34285			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURNHAM, DONALD R 251 TAMiami TRAIL, SOUTH VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. HOMICK, GEORGE R 251 TAMiami TRAIL, SOUTH VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SUE MILLER 709 ARMADA RD N VENICE FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLLO LASPADA 8901 W. SAHARA AVE SUITE 100 LAS VEGAS NV 89117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081387575 10/31/06--01051--004 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date: <i>10/25/06</i> Daytime Phone #: <i>941-888-5000</i>		