

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004816

FILED
Apr 23, 2007
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF INVESTORS, L.L.C.

Current Principal Place of Business:

251 TAMIAMI TRAIL, SOUTH
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

251 TAMIAMI TRAIL, SOUTH
VENICE, FL 34285

New Mailing Address:

FEI Number: 20-1455458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUBREY DALLEN AND ASSOCIATES, LLC
232 ST. AUGUSTINE AVE., #E105
VENICE, FL 34285 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: BURNHAM, DONALD R
Address: 251 TAMIAMI TRAIL, SOUTH
City-St-Zip: VENICE, FL 34285

Title: V.P. () Delete
Name: MILLER, SUE
Address: 709 ARMANDA RD N
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: LASPADA, ROCCO
Address: 8961 W. SAHARA AVE, SUITE 106
City-St-Zip: LAS VEGAS, NV 89117

ADDITIONS/CHANGES:

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

Title: V.P. (X) Change () Addition
Name: MILLER, SUE
Address: 251 TAMIAMI TRAIL, SOUTH
City-St-Zip: VENICE, F

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

I hereby certify that the information supplied with this filing does not qualify for the 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: D BURNHAM

MGR

04/23/2007

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