

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054482

FILED
Jan 31, 2005
Secretary of State

Entity Name: AMERICAN ACQUISITION GROUP, LLC.

Current Principal Place of Business:

5600 W. MARINER STREET, SUITE 104
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5600 W. MARINER STREET, SUITE 104
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-0483694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGR () Delete
Name: BROWN, D. WADE
Address: 340 81ST STREET
City-St-Zip: ST. PETERSBURG, FL 33715

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, D. WADE
Address: 340 81ST STREET
City-St-Zip: ST. PETERSBURG, FL 33715

Title: MGR () Change (X) Addition
Name: BARRETT, PAMELA V
Address: 8622 BROOKWAY CIRCLE
City-St-Zip: TAMPA, FL 33635

Title: MGR () Change (X) Addition
Name: TAYLOR, PAMELA
Address: 6328 GONDOLA DR
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD WADE BROWN

MGRM

01/31/2005

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