


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90025 037 ****50.00

DOCUMENT # L05000116751

1. Entity Name
AMERICAN DISCOUNTER, LLC




Principal Place of Business Mailing Address
1814 NE MIAMI GARDENS DRIVE, #701 **1814 NE MIAMI GARDENS DRIVE, #701**
NORTH MIAMI BEACH, FL 33179 **NORTH MIAMI BEACH, FL 33179**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20 3936014 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent

HASPEL, ARTHUR
1814 NE MIAMI GARDENS DRIVE, #701
NORTH MIAMI BEACH, FL 33179

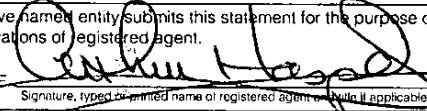
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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:  DATE: **1/27/06**

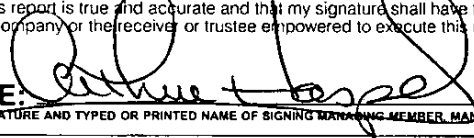
Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST HASPEL, MELISSA 1814 NE MIAMI GARDENS DRIVE, #701 NORTH MIAMI BEACH, FL 33179 <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 | DPV HASPEL, ARTHUR 1814 NE MIAMI GARDENS DRIVE, #701 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE:  DATE: **1/27/06** Daytime Phone #: **938 2056309**

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