

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077873

**FILED**  
**Feb 12, 2007**  
**Secretary of State**

**Entity Name:** AMERICAN GENERATOR SERVICES LLC

**Current Principal Place of Business:**

7438 CLEVELAND ST  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7438 CLEVELAND ST  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number: 51-0596473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OBERLANDER, JAMES E  
7438 CLEVELAND ST  
HOLLYWOOD, FL 33024 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: OBERLANDER, JAMES E  
Address: 7438 CLEVELAND ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR ( ) Delete  
Name: OBERLANDER, OLGA V  
Address: 7438 CLEVELAND ST  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: OBERLANDER, OLGA V  
Address: 7438 CLEVELAND ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP (X) Change ( ) Addition  
Name: OBERLANDER, JAMES E  
Address: 7438 CLEVELAND ST  
City-St-Zip: HOLLYWOOD, FL 33024

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: OLGA V OBERLANDER

PRES

02/12/2007

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