

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90040 021 ***138.75

DOCUMENT # M05000006460



1. Entity Name
 AMERICAN EAGLE DESIGN-BUILD STUDIO, LLC

Principal Place of Business
 74 CAMBRIDGE STREET
 MERIDEN, CT 06450

Mailing Address
 74 CAMBRIDGE STREET
 MERIDEN, CT 06450

60037756



2. Principal Place of Business - No P.O. Box #
 200 Pratt St.
 Suite, Apt. #, etc.

3. Mailing Address
 7604 Technology Wy
 Suite, Apt. #, etc.
 Ste 300

04172008 Chg-LLC CR2E083 (12/06)

City & State
 Meriden, CT
 Zip
 06450

City & State
 Denver, CO
 Zip
 80237

4. FEI Number
 20-1243082
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CEI INVESTMENT CORP 200 PRATT STREET MERIDEN, CT 06450 <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: *Salvatore Carabotta*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 Date: 4-30-08
 Phone: 1) 720-554-8198, 2) 203-639-5198
 Signature: Salvatore Carabotta