

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001065

Entity Name: AMERICAN INVEST L.C.

FILED  
Mar 08, 2004  
Secretary of State

## Current Principal Place of Business:

8695 COLLEGE PARKWAY, SUITE 339  
FORT MYERS, FL 33919

## Current Mailing Address:

8695 COLLEGE PARKWAY, SUITE 339  
FORT MYERS, FL 33919

## New Principal Place of Business:

12651 MCGREGOR BLVD.  
SUITE 1-101  
FORT MYERS, FL 33919

## New Mailing Address:

12651 MCGREGOR BLVD.  
SUITE 1-101  
FORT MYERS, FL 33919

FEI Number: 59-3704128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRECHEL, OLIVER  
8695 COLLEGE PARKWAY, SUITE 339  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

PRECHEL, OLIVER  
16950 TIMBERLAKES DR.  
FORT MYERS, FL 33908

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: OLIVER PRECHEL

03/08/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: PAUL & PARTNERS FINA, NCIAL SERVICES , INC.  
Address: 8695 COLLEGE PARKWAY, SUITE 33  
City-St-Zip: FORT MYERS, FL 33919

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

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PAUL & PARTNERS FINA, NCIAL SERVICES , INC.  
Address: 12651 MCGREGOR BLVD.  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Change (X) Addition  
Name: CHADBOURNE, KENNETH  
Address: 27078 HARBOUR OAKS BLVD.  
City-St-Zip: PUNTA GORDA, FL 33983

Title: MGRM ( ) Change (X) Addition  
Name: FINANCE & ESTATE CON, SULTING GROUP L .L.C  
Address: 5004 S.W. 21ST. PLACE,  
City-St-Zip: CAPE CORAL, FL 33914

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: OLIVER PRECHEL

MGRM

03/08/2004

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