

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001535

FILED
Apr 13, 2009
Secretary of State

Entity Name: AMERICAN INVESTMENTS, L.L.C.

Current Principal Place of Business:

168 SE 1ST
900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

168 SE 1ST
900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1077079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPA, SILVIA
3200 COLLINS AVE. #83
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

ALPA, SILVIA
168 SE 1ST
900
MIAMI, FL 33131 US

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:

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALPA, SILVIA
Address: 3200 COLINS AVE. #83
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR () Delete
Name: PEREYRA, CARLOS D MGR
Address: 168 SE 1ST STREET SUITE 900
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Delete
Name: PEREYRA, MARIA M MGR
Address: 168 SE 1STREET SUITE 900
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALPA, SILVIA
Address: 168 SE 1ST
City-St-Zip: MIAMI, FL 33131 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS DIEGO PEREYRA

MGR

04/13/2009

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