

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016477

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: AMERICAN BUILDERS, LLC

**Current Principal Place of Business:**

5835 BLUE LAGOON DR.  
SUITE 303  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5835 BLUE LAGOON DR.  
SUITE 303  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 65-1146684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARGUELLO, MARCELO E  
13390 SW 82 ST  
MIAMI, FL 33156      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: P      ( ) Delete  
Name: ARGUELLO, MARCELO E  
Address: 5835 BLUE LAGOON DR. SUITE 303  
City-St-Zip: MIAMI, FL 33126

Title: T      ( ) Delete  
Name: ARGUELLO, IVONNE R  
Address: 5835 BLUE LAGOON DR. SUITE 303  
City-St-Zip: MIAMI, FL 33126

Title: VP      ( ) Delete  
Name: ROBELO, ARNOLDO R  
Address: 5835 BLUE LAGOON DR. SUITE 303  
City-St-Zip: MIAMI, FL 33126

Title: VP      ( ) Delete  
Name: ROBELO, EDUARDO E  
Address: 5835 BLUE LAGOON DR. SUITE 303  
City-St-Zip: MIAMI, FL 33126

Title: VP      ( ) Delete  
Name: ROBELO, MICHAEL A  
Address: 5835 BLUE LAGOON DR. SUITE 303  
City-St-Zip: MIAMI, FL 33126

Title: S      ( ) Delete  
Name: ROBELO, AGNES M  
Address: 5835 BLUE LAGOON DR. SUITE 303  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

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

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

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

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

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 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: AGNES M. ROBELO

S

01/09/2007

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