


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90201 030 \*\*\*\*50.00

<b>DOCUMENT # L01000017854</b>	
1. Entity Name <b>AMERICAN AND COMMONWEALTH BUSINESS DEVELOPMENT, LLC</b>	

Principal Place of Business <b>115 N. TAMiami TR. STE. 5 NOKOMIS, FL 34275 US</b>	Mailing Address <b>115 N. TAMiami TR. STE. 5 NOKOMIS, FL 34275 US</b>
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2. Principal Place of Business <b>5674 MARQUESAS CIR.</b> Suite, Apt. #, etc.	3. Mailing Address <b>5674 MARQUESAS CIR.</b> Suite, Apt. #, etc.
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City & State <b>SARASOTA FL</b>	City & State <b>SARASOTA FL</b>
Zip <b>34233</b> Country <b>US</b>	Zip <b>34233</b> Country <b>US</b>



03062006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-1146611 65-1146011</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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8. Name and Address of Current Registered Agent <b>FORD, ROY 6706 OAK HAMMOCK DR. BRADENTON, FL 34202</b>	
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7. Name and Address of New Registered Agent Name <b>ROY FORD</b> Street Address (P.O. Box Number is Not Acceptable) <b>5674 MARQUESAS CIR.</b> City <b>SARASOTA FL</b> Zip Code <b>34233</b>	
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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 <b>Roy Ford</b> <small>Signature, typed or printed name of registered agent and not if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>3/8/06</b>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, ROY 6706 OAK HAMMOCK DR. BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, SUSAN 6706 OAK HAMMOCK DR. BRADENTON, FL 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVY, LOUISE WALKER 14501 EMERWOOD RD. TUSTIN, CA 92780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Roy Ford</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>3/8/06</b> DAYTIME PHONE # <b>941-927-9400</b>