2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L01000020622 1. Entity Name AMERICAN TRUST, LLC



May 27, 2008 8:00 am
Secretary of State
05-27-2008 90372 038 ***138.75

EIL ED

					View of							
Principal Place of Business			Mailing Address									
160 PADDOCK LANE W. Palm Beach, Fl 33413		160 PADDOCK LANE W. Palm Beach, Fl. 33413					,	. e 121 0 U	บบอบเ	13		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					HANDINAN BALLI BANDI	HII 12 116 HON 01				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				05232008	Chg-LLC	CR2E0	83 (12/06)			
City & State		City & State				4. FEI Numbe 75-3003			 	plied For t Applicable		
Zip	Zip Country		Zip Country				5. Certificate of Status Desired 55.00 Additional Fee Required					
	6. Name	and Address of Current F	egistered Agent				7. Name and Address of New Registered Agent					
NAMIANDEH, AL				Name								
160 PADDOCK LANE GREENACRES, FL 33413				Street Address (P.			P.O. Box Number is Not Acceptable)					
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					City				FL	Zip Code	9	
	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1												
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FiLE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no										
9. MANAGING MEMBER		S/MANAGERS 10.					ADDITIONS	CHANGES		-		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANASTING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/23/08

(561) 856-7171