2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000001219

1. Entity Name AMERICAN EAGLE HOLDING, L.L.C.



FILED May 07, 2007 08:00 A Secretary of State

Principal Place of Business

3900 HAMMOCK ROAD MIMS, FL 32754 US Mailing Address

3900 HAMMOCK ROAD MIMS, FL 32754 US



05042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0026143 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

TODD, RICHARD M 3900 HAMMOCK ROAD MIMS, FL 32754

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by September 14, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TODD, RICHARD M 3900 HAMMOCK ROAD MIMS, FL 32754		V00000762675
TITLE			05/29/07-80019-005 50.00
NAME			
STREET ADDRESS CITY+ST-ZIP			
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP		l DO	NOT WRITE
TITLE NAME		le la	HIS SPACE
STREET ADDRESS			
		■ C > 21 22 C 12 22 C 12 22 22 22 22 22 22 22 22 22 22 22 22	化工程 化建筑设置 化二氯基苯基苯基苯基苯基 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基

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

11. I hereby certily 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 eignature shall have the same legal effect as if made under eath; 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STORING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/4/07

321-639-7070

Deptine Phone if