

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90648 006 ****50.00

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DOCUMENT # L02000003538 1. Entity Name AMERICAN BROKERS AND SETTLEMENT CO., LLC					
Principal Place of Business 2247 PALM BEACH LAKES BLVD. #203 WEST PALM BEACH, FL 33409			Mailing Address 2247 PALM BEACH LAKES BLVD. #203 WEST PALM BEACH, FL 33409		
2. Principal Place of Business 11911 US Hwy 1 Suite, Apt. #, etc. Suite 201		3. Mailing Address 11911 US Hwy 1 Suite, Apt. #, etc. Suite 201		02162005 Chg-LLC CR2E083 (10/03)	
City & State North Palm Beach, FL		City & State North Palm Beach, FL		4. FEI Number 01-0599947	
Zip 33408		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCAROLA, JOHN 2247 PALM BEACH LAKES BLVD. #203 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name Scarola John Street Address (P.O. Box Number is Not Acceptable) 11911 US Hwy 1 Suite 201 City North Palm Beach FL Zip Code 33408	
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 _____ DATE 5-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCAROLA, JOHN 572 COCO PLUM DIVE EAST JUPITER, FL 33458			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 5-25-05 Daytime Phone # 561-688-0081	