

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012940

FILED
Jan 19, 2005
Secretary of State

Entity Name: AMERICAN IDENTIFICATION SYSTEMS LLC

Current Principal Place of Business:

145 N. SWINTON AVE.
DELRAY BEACH, FL 334442633 US

New Principal Place of Business:

145 N SWINTON AVE
DELRAY BEACH, FL 334442633 US

Current Mailing Address:

145 N. SWINTON AVE.
DELRAY BEACH, FL 334442633 US

New Mailing Address:

145 N SWINTON AVE
DELRAY BEACH, FL 334442633 US

FEI Number: 61-1415359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, TROY A
2633 NW 48TH ST.
BOCA RATON, FL 334342358 US

Name and Address of New Registered Agent:

CASEY, TROY A
2633 NW 48TH ST
BOCA RATON, FL 334342358 US

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:

01/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CASEY, TROY A
Address: 2633 NW 48TH ST.
City-St-Zip: BOCA RATON, FL 334342358 US

Title: MGR () Delete
Name: IZUYAMA, YASUO
Address: RUA MANDURI, 525, JD PAULISTANO
City-St-Zip: SAO PAULO, SP CEP 01457 BR

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASEY, TROY A
Address: 2633 NW 48TH ST
City-St-Zip: BOCA RATON, FL 334342358 US

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 Section 119.07(3)(i), 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: TROY A. CASEY

MGR

01/19/2005

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