
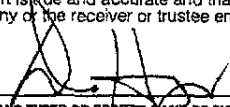


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021834		
1. Entity Name AMERICAN ORGANICS, LLC		
Principal Place of Business 3020 FAIRLANE FARMS ROAD SUITE 1 WELLINGTON, FL 33414	Mailing Address 3020 FAIRLANE FARMS ROAD SUITE 1 WELLINGTON, FL 33414	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAYES, ROY 3020 FAIRLANE FARMS ROAD SUITE 1 WELLINGTON, FL 33414		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
U000000337124 04/27/05-80154-024 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, ROY 3020 FAIRLANE FARMS ROAD SUITE 1 WELLINGTON, FL 33414	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, DAN 3020 FAIRLANE FARMS ROAD, SUITE ONE WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u></u> <u>DAN HAYES</u> <u>4/26/2005</u> <u>561-791-8166</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		