


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90017 017 ****50.00

DOCUMENT # L02000029016 1. Entity Name AMERICA TRUST, LLC			
Principal Place of Business 2714 REW CIRCLE 300 OCOOE, FL 34761 US		Mailing Address 2714 REW CIRCLE 300 OCOOE, FL 34761 US	
2. Principal Place of Business 2 W. OAKLAND AVE.		3. Mailing Address P.O. BOX 1040	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State OAKLAND, FLORIDA		City & State OAKLAND, FLORIDA	
Zip 34760-1040		Zip 34760-1040	
Country U.S.A.		Country U.S.A.	
4. FEI Number 01-0751277		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DENT, TRACY 2714 REW CIRCLE, SUITE 300 OCOOE, FL 34761		7. Name and Address of New Registered Agent Name DENT, TRACY Street Address (P.O. Box Number is Not Acceptable) 2 W. OAKLAND AVE City OAKLAND FL Zip Code 34760-1040	
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 TRACY DENT 1-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 ETCHISON, MICHAEL J 5801 MARLEON DRIVE WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENT, TRACY 8992 CRICHTON WOOD DRIVE ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: TRACY DENT		1-10-05 321-217-1331	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	