

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90037 002 ***138.75

60029799



04242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000050159 1. Entity Name AMERICAN PREMIER GROUP LLC																																																																													
Principal Place of Business 8770 SUNSET DRIVE, #191 MIAMI, FL 33173			Mailing Address 8770 SUNSET DRIVE, #191 MIAMI, FL 33173																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-0483153 Applied For <input type="checkbox"/> Not Applicable																																																																									
City & State		City & State																																																																											
Zip	Country	Zip	Country																																																																										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MOGHANI, SEYED M 8770 SUNSET DRIVE, #191 MIAMI, FL 33173																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																													
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>																																																																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOGHANI, SEYED M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8770 SUNSET DRIVE, #191</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOGHANI, GABRIELE K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8770 SUNSET DRIVE, #191</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KHANALI, BAHRAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8770 SUNSET DRIVE, #191</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERAHMAN, BEHROUZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8770 SUNSET DRIVE, #191</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	MOGHANI, SEYED M		STREET ADDRESS	8770 SUNSET DRIVE, #191		CITY - ST - ZIP	MIAMI, FL 33173		TITLE	MGR	<input type="checkbox"/> Delete	NAME	MOGHANI, GABRIELE K		STREET ADDRESS	8770 SUNSET DRIVE, #191		CITY - ST - ZIP	MIAMI, FL 33173		TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	KHANALI, BAHRAM		STREET ADDRESS	8770 SUNSET DRIVE, #191		CITY - ST - ZIP	MIAMI, FL 33173		TITLE	MGR	<input type="checkbox"/> Delete	NAME	BERAHMAN, BEHROUZ		STREET ADDRESS	8770 SUNSET DRIVE, #191		CITY - ST - ZIP	MIAMI, FL 33173		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete																																																																											
NAME	MOGHANI, SEYED M																																																																												
STREET ADDRESS	8770 SUNSET DRIVE, #191																																																																												
CITY - ST - ZIP	MIAMI, FL 33173																																																																												
TITLE	MGR	<input type="checkbox"/> Delete																																																																											
NAME	MOGHANI, GABRIELE K																																																																												
STREET ADDRESS	8770 SUNSET DRIVE, #191																																																																												
CITY - ST - ZIP	MIAMI, FL 33173																																																																												
TITLE	MGR	<input checked="" type="checkbox"/> Delete																																																																											
NAME	KHANALI, BAHRAM																																																																												
STREET ADDRESS	8770 SUNSET DRIVE, #191																																																																												
CITY - ST - ZIP	MIAMI, FL 33173																																																																												
TITLE	MGR	<input type="checkbox"/> Delete																																																																											
NAME	BERAHMAN, BEHROUZ																																																																												
STREET ADDRESS	8770 SUNSET DRIVE, #191																																																																												
CITY - ST - ZIP	MIAMI, FL 33173																																																																												
TITLE		<input type="checkbox"/> Delete																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY - ST - ZIP																																																																													
TITLE		<input type="checkbox"/> Delete																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY - ST - ZIP																																																																													
10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP																																	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																											
STREET ADDRESS																																																																													
CITY - ST - ZIP																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY - ST - ZIP																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY - ST - ZIP																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																											
NAME																																																																													
STREET ADDRESS																																																																													
CITY - ST - ZIP																																																																													
11. I hereby certify 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 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: MANAGER 4/24/08 (305) 442-8093																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																													