2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90366 018 ****50.00

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1. Entity Name
AMERICAN ADMINISTRATIVE ASSOCIATES, LLC

Principal Place of Business	Mailing Address
14535 BRUCE B. DOWNS BLVD., STE. 2313 TAMPA, FL 33613	14535 BRUCE B. DOWNS BLVD., STE. 2313 TAMPA, FL 33613

14012983

04262005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
14535 Bruce B. Downs Blvd	14535 Bruce B. Downs Blvd.
Suite, Apt. #, etc. Suite 2028	Suite, Apt. #, etc. Suite 2028
City & State Tampa Fl.	City & State Tampa Fl.
Zip 33613 Country USA	Zip 33613 Country USA

4. FEI Number 20-0863258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NELSON, KEVIN D 501 EAST KENNEDY BLVD., STE. 1700 TAMPA, FL 33602	Name Amir Maftser Street Address (P.O. Box Number is Not Acceptable) 14535 Bruce B. Downs. Blvd Suite 2028 City Tampa FL Zip Code 33613

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 [signature] Amir Maftser 4/29/05.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Amir Maftser 14535 Bruce B. Downs Blvd. Tampa Fl 33613. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Amir Maftser 4/29/05 813/632/9930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #