

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90031 025 \*\*\*\*50.00

<b>DOCUMENT # L04000022886</b>					
<b>1. Entity Name</b> AMERIKAN, LLC					
<b>Principal Place of Business</b> 1523 EDGER PLACE SARASOTA, FL 34240			<b>Mailing Address</b> 1523 EDGER PLACE SARASOTA, FL 34240		
<b>2. Principal Place of Business - No P.O. Box #</b> 1579 Barber Road			<b>3. Mailing Address</b> 1579 Barber Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 74-3118055	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> AMES, STUART D 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130				<b>7. Name and Address of New Registered Agent</b> Name: Hanan, Benjamin R. Street Address (P.O. Box Number is Not Acceptable): 240 S. Pineapple Ave., 10th Floor City: Sarasota FL Zip Code: 34236	
<b>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.</b> SIGNATURE:  DATE: 4.12.07 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> FLORINKAS WEST, INC 1523 EDGER PLACE SARASOTA, FL 34240 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Florikan West, Inc.</b> 1579 Barber Road Sarasota, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> LONESTAR PLASTIC, INC 5605 RIGGINS COURT, STE 270 RENO, NV 89502 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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 606, Florida Statutes</b>					
<b>SIGNATURE:</b>			4/14/07 9413728666 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					