2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000038966 Secretary of State 02-15-2006 90129 004 ****50.00 AMERICAN STERLING INVESTMENTS, LLC Mailing Address Principal Place of Business 3910 GOLF PARK LOOP STE, 1 3910 GOLF PARK LOOP STE, 1 20007897 BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 CR2E083 (11/05) Cha-LLC City & State City & State 4. FEI Number Applied For 71-0967334 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Coniglio, Samuel III CONIGLIE, SAMUEL M 111 Street Address (P.O. Box Number is Not Acceptable) 3910 GOLF PARK LOOP STE 1 **BRADENTON FL 34203** City 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 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES · 10. MLE MGR Change Delete TILE ☐ Addition Coniglio, Samuel m III CONIGLIO, SAMUEL M 111 NAME NAME 3910 GOLF PARK LOOP STE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-7IP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME CONIGLIO, CAROL A NAME STREET ADDRESS 3910 GOLF PARK LOOP STE 1 STREET ADDRESS CITY-ST-ZIP **BRADENTON, FL 34203** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITO F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ΠΠE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 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.

Parol Complie

Coniglio

2/10/06 941-351-2664

FILED

Feb 15, 2006 8:00 am