
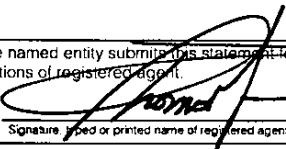
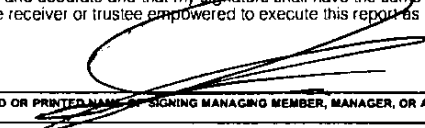


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90004 014 \*\*\*\*55.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L04000055995</b><br>1. Entity Name<br><b>AMERICAN PARTNERS, LLC</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>C/O AMER PLUMBING//ATTN: JAMES D. TILE<br/>1901 CATTLEMEN ROAD, UNIT A<br/>SARASOTA, FL 34232</b>  |  |   | Mailing Address<br><b>C/O AMER PLUMBING//ATTN: JAMES D. TILE<br/>1901 CATTLEMEN ROAD, UNIT A<br/>SARASOTA, FL 34232</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  |  | Country   |   | Zip   |  |
|  |  |   |   |   |  |
| 4. FEI Number<br><b>20-1475498</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |   | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MESSICK, ROBERT E ESQ.<br/>2033 MAIN STREET, SUITE 500<br/>SARASOTA, FL 34237</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>BANNON, THOMAS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1901-A CATTLEMEN ROAD</b><br>City <b>SARASOTA</b> FL <b>34232</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.<br>SIGNATURE  <b>THOMAS M. BANNON</b> DATE <b>1/12/06</b><br><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<br/>Due by May 1, 2006</b>  |  |   | <b>Make check payable to<br/>Florida Department of State</b>  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>TILLE, JAMES D<br/>1901-A CATTLEMEN RD<br/>SARASOTA, FL 34231</b> | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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.                             |  |   |   |   |  |
| <b>SIGNATURE:</b>  <b>1/13/06</b> <b>941/377-4010</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |   |   |   |  |