


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90040 002 ****50.00

DOCUMENT # L04000057025	
1. Entity Name AMERICAN DEVELOPMENTS LLC	

Principal Place of Business 499 N SR 434 SUITE 2159 ALTAMONTE SPRINGS, FL 32714	Mailing Address 499 N SR 434 SUITE 2159 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 27 N Summerlin Ave Suite, Apt. #, etc.	3. Mailing Address 27 N Summerlin Ave Suite, Apt. #, etc.
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City & State Orlando FL	City & State Orlando FL
Zip 32801	Zip 32801
Country USA	Country USA

01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1438247	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LUTHRA, VIJAY 499 N SR 434 SUITE 2159 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Luthra, Vijay K Street Address (P.O. Box Number is Not Acceptable) 27 N Summerlin Ave City Orlando FL Zip Code 32801
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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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUTHRA, VIJAY		NAME Luthra, Vijay	
STREET ADDRESS 499 N SR 434, SUITE 2159		STREET ADDRESS 27 N Summerlin Ave	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP Orlando FL 32801	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAFFER, SADIQUE		NAME	
STREET ADDRESS 790 SUMMA AVENUE		STREET ADDRESS	
CITY-ST-ZIP WESTBURY, NY 11590		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**407
4/28/06 649-9888**