FILED
May 18, 2007 8:00 am
Secretary of State

04-26-2007 90039 029 ****55.00

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000061608

1. Entity Name AMERICAN SOLAR ENERGY, LLC.

original file date 08/19/04

DO NOT WRITE IN THIS SPACE

30008304

CR2E083B (8/05)

2. Principal Place of Business	3. Mailing Address
5109 MEADOWS END	5109 MEADOWS END
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33810 / Country: POLK	Zip: 33810 / Country: POLK

4. FEI Number 34-2031207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LABRON E. TAYLOR JR

Street Address (P.O. Box Number is Not Acceptable): 5109 MEADOWS END

City: Lakeland FL Zip Code 33810

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: Labron E. Taylor Jr. DATE: 04-23-07

Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	OWNER/CONTRACTOR	TITLE	
NAME	LABRON E. TAYLOR Jr.	NAME	
STREET ADDRESS	5109 MEADOWS END	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33810	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Labron E Taylor Jr 07-10-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #