


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90093 001 *****5.00
01-25-2007 90093 002 *****50.00

DOCUMENT # L04000063130 1. Entity Name AMERICAN SHRIMP, L.L.C.	
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Principal Place of Business 1659 COASTAL HIGHWAY PANACEA, FL 32346	Mailing Address 1659 COASTAL HIGHWAY PANACEA, FL 32346
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01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 70-1539756	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ENRIQUEZ, BELARMINO 13460 SW 36 ST MIAMI, FL 33175	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reappointing)</small>

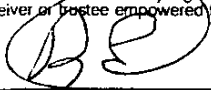
Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENRIQUEZ, BELARMINO 13460 SW 36 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPEJO, MANUEL 6470 SW 19 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, RAUL 412 W 15 STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, RALPH 3713 DORSETWAY TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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.
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SIGNATURE:



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

01/22/07

(850) 596391

Date

Daytime Phone #