

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000073314

1. Entity Name
AMERICAN LIBERTY MARKETING, LLC



Principal Place of Business
**1025 GREENWOOD BOULEVARD
SUITE 121
LAKE MARY, FL 32746**

Mailing Address
**1025 GREENWOOD BOULEVARD
SUITE 121
LAKE MARY, FL 32746**



09052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1726801	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

**ABEL, ALOYSIUS J JR
293 DUBLIN DRIVE
LAKE MARY, FL 32746**

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

U00000576704
09/13/06-80001-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ABEL, ALOYSIUS J JR
STREET ADDRESS	293 DUBLIN DRIVE
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	MGR
NAME	FEINMAN, STEVEN E
STREET ADDRESS	12721 MAYPAN DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33428

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: *X*

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

AL0YSIUS J. ABEL, JR

Date

Daytime Phone #

X 9/13/2006