


01-26-2006 90068 016 \*\*\*\*50.00  
L05000040652

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000040652</b>					
1. Entity Name AMERICAN COMMERCE, LLC					
Principal Place of Business 14040 S.W. 20TH AVENUE ROAD OCALA, FL 34473			Mailing Address 14040 S.W. 20TH AVENUE ROAD OCALA, FL 34473		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-3190913	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. (NOTE: Registered Agent signature required when reinstating)</small>					
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	Donald A. Adam	14040 S.W. 20th Avenue Road	Ocala, FL 34473		
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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				01/17/06 979/776-1111 <small>Date Daytime Phone #</small>	

Donald A. Adam, as Sole Member

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS