## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000047773**

AMERICAN CONVERSIONS & DEVELOPMENT GROUP,



Principal Place of Business

Mailing Address

P.O. BOX 491345 KEY BISCAYNE, FL 33149 P.O. BOX 491345 KEY BISCAYNE, FL 33149

## **FILED** Mar 12, 2007 8:00 am Secretary of State

03-12-2007 90480 042 \*\*\*\*50.00



03022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-4819869		Not Applicabl
	_ \$5.0	M Additional

5. Certificate of Status Desired

Fee Required

6.	Name	and Address	s of Current Registered Agent	

HERNANDEZ, HECTOR ESQ. 2850 DOUGLASS ROAD, PENTHOUSE SUITE CORAL GABLES, FL 33134

## 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 May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·			
TITLE	MGR				
NAME	MARTINEZ, ALFONSO				
STREET ADDRESS	P.O. BOX 491345				
CITY-ST-ZIP	KEY BISCAYNE, FL 33149				
TITLE					
NAME					
STREET ADDRESS		İ			
CITY-ST-ZIP					
TITLE					
NAME		1			
STREET ADDRESS		DO NOT WR	ITE		
CITY-ST-ZIP					
TITLE		I IN THIS SPA	CF		
NAME		111110017			
STREET ADORESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADORESS	•				
CITY-ST-ZIP					
MLE					
NAME					
STREET ADDRESS CITY-ST-ZIP	/				
	<u> </u>				
11. I hereby certify that the information supplied with this filling 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 acceptate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the tective of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

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