

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047773

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** AMERICAN CONVERSIONS & DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

P.O. BOX 491345  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

2850 DOUGLAS ROAD  
SECOND FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 491345  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 20-4819869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARTINEZ, ALFONSO  
Address: P.O. BOX 491345  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALFONSO MARTINEZ

MR.

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date