

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073819

Entity Name: AMERICAN LIBERTIES LLC

FILED  
May 22, 2008  
Secretary of State

**Current Principal Place of Business:**

5095 SOUTH WASHINGTON AVENUE  
SUITE 201G  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

5095 SOUTH WASHINGTON AVENUE  
SUITE 201G  
TITUSVILLE, FL 32780

**New Mailing Address:**

100 CANEBREAKERS DRIVE  
SUITE 205  
TITUSVILLE, FL 32927

FEI Number: 20-3293531      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CHAPMAN, PAMELA  
5095 SOUTH WASHINGTON AVENUE  
SUITE 201G  
TITUSVILLE, FL 32780 US

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

CHAPMAN, PAMELA  
100 CANEBREAKERS DRIVE  
SUITE 205  
COCOA, FL 32927 US

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:

05/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHAPMAN, CHRIS MGR  
Address: 5095 SOUTH WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32780

**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: CHRIS CHAPMAN

MGR

05/22/2008

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