2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000101484

1. Entity Name
AMERICAN TROPHY HOLDINGS, LLC

Principal Place of Business	Mailing Address
831 W MCNAB ROAD POMPANO BEACH, FL 33060	831 W MCNAB ROAD POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

03242008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
25-8566209	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TRODICK, ALFRED
2410-1 ARAGON BLVD.
SUNRISE, FL 33322

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000872043
04/10/08-80022-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TRODICK, ALFRED
STREET ADDRESS	2410-1 ARAGON BLVD.
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3-25-08   954 572-8657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #