


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90083 038 \*\*\*\*50.00

<b>DOCUMENT # L05000105357</b>	
1. Entity Name <b>AMERICAN TRADING &amp; HOLDING COMPANY, L.L.C.</b>	

Principal Place of Business <b>8000 WEST HIGHWAY 326 OCALA, FL 34482 US</b>	Mailing Address <b>P.O. BOX 3625 OCALA, FL 34478 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3720 NE 40th PL</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>OCALA FL</b>	City & State
Zip <b>34479</b>	Country



04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3727328</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DAVIS, TIM C 551 AVE K SE WINTER HAVEN, FL 33880</b>
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7. Name and Address of New Registered Agent Name <b>DAVIS, Tim C</b> Street Address (P.O. Box Number is Not Acceptable) <b>3720 NE 40th PL</b> City <b>OCALA</b> FL Zip Code <b>34479</b>
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE <b>4/9/07</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR DAVIS, TIM C 8000 W. HIGHWAY 326 OCALA, FL 34482</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3720 NE 40th PL OCALA FL 34479</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR PIZZONIA, ELIZABETH 8000 W. HIGHWAY 326 OCALA, FL 34482</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 	DATE <b>4/9/07</b>	PHONE <b>(386) 566-4917</b>
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