


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000106746</b> 1. Entity Name <b>AMERICUS MARKETING ASSOCIATES, LLC.</b>	
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Principal Place of Business <b>4149 WINDERLAKES DRIVE ORLANDO, FL 32835</b>	Mailing Address <b>4149 WINDERLAKES DRIVE ORLANDO, FL 32835</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip                      Country	City & State  Zip                      Country	4. FEI Number <b>20-3626070</b>
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6. Name and Address of Current Registered Agent  <b>CARSTENS, GEORG 4149 WINDERLAKES DRIVE ORLANDO, FL 32835</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 14, 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	MGR <b>CARSTENS, GEORG E</b> <input type="checkbox"/> Delete <b>4149 WINDERLAKES DRIVE</b> <b>ORLANDO, FL 32835</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace; font-size: 1.2em;">                         800109888038                          09/25/07--01024--023 **50.00                     </div>
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
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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:** \_\_\_\_\_ **9/15/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                      Date                      Daytime Phone #

2007 SEP 20 PM 2:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



09132007    Chg-LLC    CR2E083 (12/06)