2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L06000052581

Entity Name: AMERICAN INVESTMENT MARKETING LLC

Current Principal Place of Business:

163 LONGVIEW AV
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

163 LONGVIEW AV
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-4956294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTTINGER, MICHAEL
163 LONGVIEW AV
CELEBRATION, FL 34747 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: MICHAEL, SUTTINGER
Address: 163 LONGVIEW AV
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PR (X) Change ( ) Addition
Name: SUTTINGER, MICHAEL
Address: 163 LONGVIEW AV
City-St-Zip: CELEBRATION, FL 34747

Title: VP ( ) Change (X) Addition
Name: SUTTINGER, NHORA
Address: 163 LONGVIEW AVE
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP ( ) Change (X) Addition
Name: FRIEDLAND, ALAN
Address: 3250 NW 85TH AVE. #6
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL SUTTINGER PR 03/06/2007

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