FILED Jun 04, 2007 8:00 am Secretary of State 05-07-2007 90372 033 ****50.00

5/7

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000101913 1. Enlity Name AMERICAN INSURANCE GROUP L.L.C.						35 31 2 3		2 00.00
Principal Place of Business Mailing Address 10800 BISCAYNE BLVD., 10TH FLOOR 10800 BISCAYNE BLVD., 10TH MIAMI, FL 33161 MIAMI, FL 33161				I FLOOR				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			<u></u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007	' Chg-LLC	CR2E083 (12	2/06)
City & State		City & State			A SEI Num	58389	26	Applied For Not Applicable
Zip	Country	Zip Coun		ntry	5. Certificat	le of Status Desired		Additional Additional
	6. Name and Address of Currer	nt Registered Agent	gistered Agent Name			7. Name and Address of New Registered Agent		
CYPHEN, STEPHEN H				Street Address (P.O. Box Number is Not Acceptable)				
	UR GODFREY ROAD, STE. ACH, FL 33140	320	O Street Address		(P.O. Box Num	Der 19 Not Acceptable		<u> </u>
				City		·· · ····	FL Zip	Code
8. The above	named entity submits this statement	for the purpose of changing it	s register	ed office or register	red agent, or b	oth, in the State of Fic		with, and accept
the obligations of registered agent.								
SIGNATURE Sometimes, typed or printed name of impostored agent and title if applicable. (NOTE, Registered Agent algebraic sequired when releasing) Date								
Filing Fee Is \$50.00 Due by May 1, 2007							e check payable a Department of	
9.	MANAGING MEMI	BERS/MANAGERS	10.			ADDITIONS,		
TITLE NAME	HARRIS, MEL	☐ Detelle	TITL	ì			□ Ch	ange 🗌 Addition
STREET ADDRESS CITY-ST-ZIP	THOUSE		E1 ADDRESS					
TITLE	MIAMI, FL 33161 MGRM	☐ Delete	TIFU					ange Addition
HAME STREET ADDRESS	RYAN, NANCY SI 10800 BISCAYNE BLVD., PENTHOUSE			ET ADORESS				
CITY-SI-ZIP	MIAMI, FL 33161			-51-7IP				
TITLE .		☐ Delete	TITLE	- L	· · <u>-</u>		ch	ange Addition
STREET ADORESS			STRE	ET ADORESS				
CATY-ST-ZIP		☐ Delete	CITY	-SI-ZIP				anna 🔲 Addition
NAME		ELI Delete	NAM				பூகா	ange 🗌 Addition
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -S1-ZIP				
TITLE		☐ Delete	TITU				Ch:	ange Addition
STREET ADDRESS			STRE	E EET ADORESS				
CITY-ST-ZIP		<u> </u>	ÇITY	-21-ZIP				
TITLE NAME		Delete	TITL NAM				□ Ch	ange Addition
STREET ADDRESS CITY-SI-ZIP			STRE	ET ADORESS				
11. I hereby	certify that the information supplied w		or the exe	mptions contained				
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 / GRUTTER HANKEING MEMBER 5(3/07 305)899-0404								
SIGNAT	SIGNATURE AND TYPED OR PRITED HAMI	OF SIGNING MANAGING WEMBER, M.	<u> </u>		ENTATIVE	Date	Daytone Ph	