

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030601

FILED  
Sep 03, 2008  
Secretary of State

**Entity Name:** THE AMERICAN CRAFTSMAN LLC

**Current Principal Place of Business:**

5703 RED BUG LAKE ROAD  
189  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

259 TARPON BLVD  
PALATKA, FL 32177

**Current Mailing Address:**

5703 RED BUG LAKE ROAD  
189  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

259 TARPON BLVD  
PALATKA, FL 32177

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GREEN, JOHN B  
5703 RED BUG LAKE ROAD #189  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

GREEN, JOHN B  
259 TARPON BLVD  
PALATKA, FL 32177 US

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:

09/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GREEN, JOHN B  
Address: 5703 RED BUG LAKE ROAD #189  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GREEN, JOHN B  
Address: 259 TARPON BLVD  
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify 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: JOHN B GREEN

MR

09/03/2008

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