

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054367

FILED
Mar 20, 2008
Secretary of State

Entity Name: AMERICAN ACCOUNTS' ASSOCIATION, LLC

Current Principal Place of Business:

5401 N UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS, FL 33067

New Principal Place of Business:

2920 BUCK RIDGE TR
LOXAHATCHEE, FL 33470

Current Mailing Address:

5401 N UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 20-0233806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUNAID CPA & ASSOCIATES CORP
5401 N UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS, FL 33067 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: JUNAID, SHARON
Address: 5050 NW 83RD LANE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM () Delete
Name: JUNAID, NADER
Address: 5050 NW 83RD LANE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM (X) Delete
Name: JUNAID, AMAN U
Address: 5050 NW 83RD LANE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM (X) Delete
Name: JUNAID, GOSHI
Address: 5050 NW 83RD LANE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON JUNAID

MGR

03/20/2008

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