

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006971

FILED
Apr 27, 2006
Secretary of State

Entity Name: AMERICAN INSURANCE GROUP, LLC

Current Principal Place of Business:

6000-A SAWGRASS VILLAGE CIRCLE, SUITE 5
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

6000A SAWGRASS VILLAGE CIRCLE
SUITE 3
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

6000-A SAWGRASS VILLAGE CIRCLE, SUITE 5
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

6000A SAWGRASS VILLAGE CIRCLE
SUITE 3
PONTE VEDRA BEACH, FL 32082

FEI Number: 14-1927119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESHER, AARON DIETRICH
6000-A SAWGRASS VILLAGE CIRCLE, SUITE 5
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

LESHER, AARON D PRES
6000A SAWGRASS VILLAGE CIRCLE
SUITE 3
PONTE VEDRA BEACH, FL 32082 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: AARON LESHER

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LESHER, AARON DIETRICH
Address: 241 SEAMIST COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM (X) Delete
Name: LESHER, ANGELA M
Address: 241 SEAMIST COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LESHER, AARON D
Address: 241 SEAMIST COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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: AARON LESHER

PRES

04/27/2006

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