


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000003355 1. Entity Name AMERICAN ENERGY SYSTEM LLC	
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Principal Place of Business 7854 SW ELLIPSE WAY STUART, FL 34997	Mailing Address 7854 SW ELLIPSE WAY STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5171321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DR., SUITE 4
 WESTON, FL 33331

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANGIANO, ELIZABETH 14 LIGHTHOUSE PT. TERR. NEW HAVEN, CT 06512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANGIANO, JOHN 14 1/2 LIGHTHOUSE PT. TERR. NEW HAVEN, CT 06512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZLOTNICK, LAURA 62 SOUTH ST. EAST HAVEN, CT 06512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000797785
 01/30/08-90002-012 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Laura Zlotnick* Laura Zlotnick 1/30/08 772-463-4003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #