



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SEC. OF STATE
DIVISION OF CORPORATIONS
06 FEB 24 AM 10:03

DOCUMENT # A05000002300							
1. Entity Name A&M MANAGEMENT GROUP, LTD.							
Principal Place of Business 8100 ROYAL PALM BLVD., SUITE 105 C/O MITCHELL POLLAK CORAL SPRINGS, FL 33065			Mailing Address 8100 ROYAL PALM BLVD., SUITE 105 C/O MITCHELL POLLAK CORAL SPRINGS, FL 33065				
2. Principal Place of Business		3. Mailing Address		 02082006 Chg-LP CR2E003 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KRAMER, ROBERT 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH KRAMER, GREEN, ZUCKERMAN HOLLYWOOD, FL 33021			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00							
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	NAME		STREET ADDRESS	500067299615 03/07/06--01016--011 **500.00			
NAME	POLLAK, MITCHELL		CITY-ST-ZIP				
STREET ADDRESS	8100 ROYAL PALM BLVD., SUITE 105						
CITY-ST-ZIP	CORAL SPRINGS, FL 33065						
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STREET ADDRESS							
CITY-ST-ZIP							
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							
				Date _____ Daytime Phone # _____			

STAPLE CHECK HERE