

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000002440

1. Entity Name
AMET, LLC



Principal Place of Business
**15 WEST CHURCH STREET, SUITE 201
ORLANDO, FL 32801**

Mailing Address
**15 WEST CHURCH STREET, SUITE 201
ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0542005

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOODS, JONATHAN D ESQ.
425 W COLONIAL DR STE 204
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MORENO, MIRIAM R
15 WEST CHURCH STREET, SUITE 201
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MORENO-HARAMBOURE, ELIZABETH
15 WEST CHURCH STREET, SUITE 201
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MORENO, ANTONIO JR
15 WEST CHURCH STREET, SUITE 201
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000380558
01/11/06-80018-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Miriam R. Moreno

1-3-06

407-246-1515

SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #