



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90017 047 \*\*\*\*50.00

|  |                                   |   |   |  |  |
|--|-----------------------------------|---|---|--|--|
| DOCUMENT # L03000019941  |                                   |   |   |         |  |
| 1. Entity Name<br>A & M PROPERTIES, LLC  |                                   |   |   |  |  |
| Principal Place of Business<br>4420 N.W. 28TH WAY<br>BOCA RATON, FL 33434  |                                   | Mailing Address<br>4420 N.W. 28TH WAY<br>BOCA RATON, FL 33434 |   |  |  |
| 2. Principal Place of Business   |                                   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |                                   | City & State  |   | 04262006 Chg-LLC CR2E083 (11/05)   |  |
| Zip  |                                   | Country   |   | 4. FEI Number<br>14-1887161  |  |
| Zip  |                                   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                                   |   | 7. Name and Address of New Registered Agent                       |  |  |
| MANSOURIAN, GRETCHEN F<br>4420 N.W. 28TH WAY<br>BOCA RATON, FL 33434   |                                   |   | 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>  |                                   |   |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                                   |   | Make check payable to<br>Florida Department of State              |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                   |   | 10. ADDITIONS/CHANGES   |  |  |
| TITLE  | P <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   | MANSOURIAN, VARTGEZ               | NAME  |   |  |  |
| STREET ADDRESS   | 4420 NW 28TH WAY                  | STREET ADDRESS  |   |  |  |
| CITY- ST- ZIP  | BOCA RATON, FL 33434              | CITY- ST- ZIP   |   |  |  |
| TITLE  | V <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   | MANSOURIAN, GRETCHEN              | NAME  | Mansourian, Gretchen  |  |  |
| STREET ADDRESS   | 4420 NW 28TH WAY                  | STREET ADDRESS  |   |  |  |
| CITY- ST- ZIP  | BOCA RATON, FL 33434              | CITY- ST- ZIP   |   |  |  |
| TITLE  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                   | NAME  |   |  |  |
| STREET ADDRESS   |                                   | STREET ADDRESS  |   |  |  |
| CITY- ST- ZIP  |                                   | CITY- ST- ZIP   |   |  |  |
| TITLE  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                   | NAME  |   |  |  |
| STREET ADDRESS   |                                   | STREET ADDRESS  |   |  |  |
| CITY- ST- ZIP  |                                   | CITY- ST- ZIP   |   |  |  |
| TITLE  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                   | NAME  |   |  |  |
| STREET ADDRESS   |                                   | STREET ADDRESS  |   |  |  |
| CITY- ST- ZIP  |                                   | CITY- ST- ZIP   |   |  |  |
| TITLE  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                   | NAME  |   |  |  |
| STREET ADDRESS   |                                   | STREET ADDRESS  |   |  |  |
| CITY- ST- ZIP  |                                   | CITY- ST- ZIP   |   |  |  |
| 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:    |                                   |   | 4/26/06   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                   |   | Date Daytime Phone #  |  |  |