

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008980

FILED
Apr 27, 2007
Secretary of State

Entity Name: A.M.M. FUND, LLC

Current Principal Place of Business:

3006 AVIATION AVENUE STE 2A
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3006 AVIATION AVENUE STE 2A
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA CORPORATE SERVICES, LLC
3006 AVIATION AVENUE STE 2A
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETKOVICH, ALEJANDRO
Address: 3006 AVIATION AVENUE STE 2A
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM () Delete
Name: PETKOVICH, MICHAEL
Address: 3006 AVIATION AVENUE STE 2A
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM () Delete
Name: PETKOVICH, MARIA
Address: 3006 AVIATION AVENUE STE 2A
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALEJANDRO PETKOVICH

MGRM

04/27/2007

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