#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L05000072815\*

1. Entity Name
AMG INVESTMENTS LLC



FILED
Jan 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

9360 SUNSET DRIVE, SUITE 245 MIAMI, FL 33173 Mailing Address

P.O. BOX 832468 MIAMI, FL 33283-2468



## DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1686432 Applied For\_ Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

GONZALEZ, OTTO A 9360 SUNSET DRIVE, SUITE 245 MIAMI, FL 33173

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	bove named entity submits this statement for the purpose of cha oligations of registered agent.	anging its registere	d office or registered agent, or bo	ith, in the State of Flor	rida. I am fa	amiliar w	th, and a	accept
SIGNAT	JRE		<u> </u>					<u></u>
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered	(NOTE Registered Agent signature required when reinstating)		DATE	- ,	٠.	
<u>.                                    </u>	Filing Fee is \$50.00 Due by May 1, 2007		430		<del>- 1000</del>	<del></del>	<u>50.0</u>	<u>.                                    </u>
9.	MANAGING MEMBERS/MANAGERS				70000	مسامينا ليرا	~	- 1
TITLE	MGR							- {
NAME	OTTO, GONZALEZ A 9360							

STREET ADDRESS 9360 SUNSET DR STE 245 MIAMI, FL 33173 CITY-ST-ZIP NAME STREET ADDRESS CETY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000584290 01/12/07-80030-022 50.00

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11. I hereby certify that the information supplies 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 arcurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the redeliger of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHY-ST-ZIP

INLE

NAME

STREET ADDRESS
CITY-ST-ZIP

Otto A. Gonzalez

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

1/8/07

(305) 271-4446

Bayome Phone #