

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT



FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07292008 Chg-LLC CR2E083 (12/06)

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # L05000094642</b><br>1. Entity Name<br><b>AMPRO SYSTEMS, L.L.C.</b>   |   |   |  |
| Principal Place of Business<br><b>525 CARSWELL AVENUE<br/>SUITE O<br/>HOLLY HILL, FL 32117</b>   |   | Mailing Address<br><b>525 CARSWELL AVENUE<br/>SUITE O<br/>HOLLY HILL, FL 32117</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>100 Fox Fire Cr.</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>100 Fox Fire Cr.</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>Daytona Beach FL</b>  |   | City & State<br><b>Daytona Beach FL</b>   |  |
| Zip<br><b>32114</b>  |   | Zip<br><b>32114</b>   |  |
| Country<br><b>US</b>   |   | Country<br><b>US</b>  |  |
| 4. FEI Number<br><b>20-3663128</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NIELSEN, DONALD C<br/>525 CARSWELL AVENUE<br/>SUITE O<br/>HOLLY HILL, FL 32117</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>100 Fox Fire Cr.</b><br>City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32114</b> |  |
| 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 reinstating)</small>   |   | DATE <b>7-29-08</b>   |  |
| <b>Amended AR is \$50.00</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS / MANAGERS   |   | 10. ADDITIONS / CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br><b>PRESTIGE REALTY ASSOCIATES, INC.</b><br><b>P.O. BOX 2042</b><br><b>ORMOND BEACH, FL 32175</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>300133970773</b><br><b>08/05/08--01007--001 **50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br><b>NIELSEN, ERIK</b><br><b>107 RIVIERA ESTATES BLVD.</b><br><b>ORMOND BEACH, FL 32174</b>          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRP<br><b>NIELSEN, DONALD C</b><br><b>100 FOX FIRE CIRCLE</b><br><b>DAYTONA BEACH, FL 32114</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   | Date <b>7-29-08</b><br><small>Daytime Phone #</small>   |  |