2001	UNIFORM	BUSINESS	REDORT	/IIRR
400 I	CHIFURN	DUJINEJJ	REPURI	IUDN

DOCU	MENT # L9900	00002257						
ASSET MANAGEMENT ADVISORS, L.L.C.						FILED		
Principal Place of Business Mailing Address						01 FEB -9 PM 3:55		
Principal Plac	Mailing Address	ng Address						
		1001 NORTH U.S. HIGH JUPITER FL 33477	1001 NORTH U.S. HIGHWAY ONE, SUITE 800 JUPITER FL 33477		0	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State C		City & State	ity & State		4.	Applied Fo		
Zip	Country	Zip	Соил	•	5.	Certificate of Status Desired \$5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		1	7.	Name and Address of New Registered Agent		
				Name				
	AN L.W. CARROLL			Street Address (P.O. Box Number is Not Acceptable)				
	RTH U.S. HIGHWAY ONE, SUITE 8	300		8000036769083 -02/13/0101060025				
JUPITER FL 33477				City *****50. 01000 02.5				
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	l ed office or	registered a			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signati	ure required when	n reinstating) DATE		
٠	•	FILE N Make Check Pa		FEE IS \$ o Depart		tate		
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		CHAIR	RMAN ☐ Change ☐ Add		
NAME	PERRY, HENRY A		NAM		Henr	RY A. PERRY N US HWY ONE, STE 800		
STREET ADDRESS CITY-ST-ZIP	1001 NORTH W. HIGHWAY ONE JUPITER FL 33477	, SUITE 800		ET ADDRESS -ST-ZIP		ITER, FL 33477		
TITLE		Delete	TITLE	:	DIREC	CTO R ☐ Change ☑ Add		
NAME			NAMI		PHILL	IP PALMEDO		
STREET ADDRESS	•			ET ADDRESS	4 1916	PER LANE		
CITY-ST-ZIP		. 	-	-ST-ZIP .		DOF THE HARBOR, NY 11780 ECTOR Change RAddi		
TITLE Name		☐ Delete	TITLE		TOHA	N L. KIDDE		
STREET ADDRESS				ET ADDRESS	209	COOPER AVE, STE 5D		
CITY-ST-ZIP			CITY-	-ST-ZiP	UPPE	ER MONTCHAIRE NJ 07043		
TITLE	-	☐ Delete	TITLE		SEN. V	VP, 5EC, TREMS ☐ Change ☒ Addi		
NAME			NAMI	I	JONA	ATHAN CARROLL N US HWY ONE, STE 800		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		ITER, FL 33477		
TITLE		☐ Delete	TITLE		VP	☐ Change 🖾 Addi		
NAME	•	Li Delete	NAME		MULT	TER WILSON		
STREET ADDRESS			1	ET ADDRESS	1001	N AS HON ONE ! SEE 800		
CITY-ST-ZIP			CITY-	-ST-ZIP		ITER, FL 33477		
TITLE		☐ Delete	TITLE	1	VP	☐ Change 🔀 Addi		
TREET ADDRESS			NAME	ET ADORESS	KEVII	N US HWY ONE, STE 800		
CITY-ST-ZIP				ST-ZIP		PITER, FL 33477		
indicated :	ertify that the information supplied with on this report is true and accurate and	that my signature shall have	the same	legal effec	ed in Section of as if made	n 119.07(3)(i), Florida Statutes. I further certify that the information under oath; that I am a managing member or manager of the		

report as required by Chapter 6
Kevin R. LAKIN
Vicining

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

2/6/2001 Date

(561) 746 - 8444 Daytime Phone #