2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002257

FILED Jul 18, 2005 8:00 am Secretary of State

07-18-2005 90109 046 ****50.00

1. Entity Name ASSET MANAGEMENT ADVISORS, L.L.C.										
Principal Place of Business 3801 PGA BLVD. SUITE #555 PALM BEACH GARDENS, FL 33410			Mailing Address 3801 PGA BLVD. SUITE #555 PALM BEACH GARDENS, FL 33410							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07052005	Chg-LLC	CR2E0	083 (10/03)	
City & State		City & State					pplied For ot Applicable			
Zip	Country		, Zip	Coun	try	5. Certificat	e of Status Desired		\$5.00 Ad Fee Require	
	6. Name	and Address of Current I	Registered Agent			7. Name an	d Address of New R	egistered .	Agent	
					Name					
KEVIN LAKIN 3801 PGA BLVD SUITE 555					Street Address (P.O. Box Number is Not Acceptable)					
	-	DENS, FL 33410			0.4	-			7:- 0	1.
					City			FL	Zip Cod	16
	named entit		the purpose of changing its	register	ed office or registe	red agent, or b	oth, in the State of Fig	orida. I am	familiar with	, and accept
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	E: Registere	d Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 7, 2005							Mak	e check p	avable to	
Due t	by Septen	nber 7, 2005							ent of Sta	le)
	by Septen		RS/MANAGERS	10.			Florida	Departm	ent of Sta	
9.		MANAGING MEMBE		10.				Departm	ent of Sta	
9. TITLE	MGR	MANAGING MEMBE	RS/MANAGERS	TITL			Florida	Departm	ent of Sta	Addition
9. TITLE NAME	MGR PERRY, I	MANAGING MEMBE		TITL	Ε		Florida	Departm	ent of Sta	
9. TITLE NAME STREET ADDRESS	MGR PERRY, F 3801 PGA	MANAGING MEMBE HENRY A A BLVD SUITE 555	☐ Delete	TITL NAM STRE	e et address		Florida	Departm	ent of Sta	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 gustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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