

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004226

Entity Name
AMAS, LLC.



Principal Place of Business
TROPICAL CIRCLE
SARASOTA, FL 34242

Mailing Address
845 TROPICAL CIRCLE
SARASOTA, FL 34242



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0957865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERSON, RENNC L
10 SECOND STREET
SARASOTA, FL 34236

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I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

NAME	ADDRESS
MGR LASCALLE, PHILIP M	845 TROPICAL CIRCLE SARASOTA, FL

U00000398376
 01/30/06-80093-U05 SU.00

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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: *[Signature]*

1/13/06