



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90030 008 \*\*\*\*50.00

<b>DOCUMENT # L04000075634</b>					
<b>1. Entity Name</b> A.M.A., L.L.C.					
<b>Principal Place of Business</b> 1501 DECKER AVE., BLDG. B, UNIT 208 STUART, FL 34997			<b>Mailing Address</b> 1501 DECKER AVE., BLDG. B, UNIT 208 STUART, FL 34997		
<b>2. Principal Place of Business</b> 2696 S.E. Willoughby Blvd. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2696 S.E. Willoughby Blvd. Suite, Apt. #, etc.			
<b>City &amp; State</b> Stuart, FL		<b>City &amp; State</b> Stuart, FL		<b>4. FEI Number</b> 84-1659512	
<b>Zip</b> 34994		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCORNAVACCA, ARTHUR SR. 1501 DECKER AVE., BLDG. B, UNIT 208 STUART, FL 34997 NEW ADDRESS: 2696 S.E. Willoughby Blvd Stuart, FL 34994			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR SCORNAVACCA, ARTHUR SR. 1501 DECKER AVE., BLDG. B, UNIT 208 STUART, FL 34997	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR SCORNAVACCA, ARTHUR JR. 1501 DECKER AVE., BLDG. B, UNIT 208 STUART, FL 34997	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/22/05 772-463-1056 Date Daytime Phone #		