
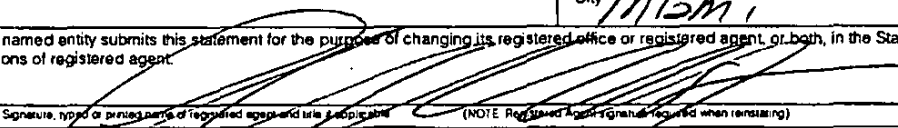
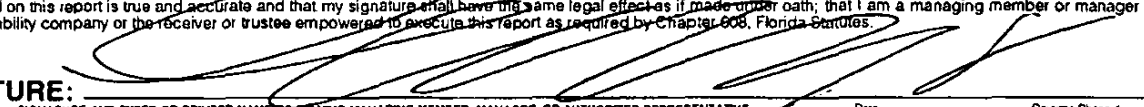


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90093 022 \*\*\*\*55.00

<b>DOCUMENT # L04000062092</b>			
1. Entity Name <b>AMF HOLDINGS, LLC</b>			
Principal Place of Business 401 SW 28TH ROAD MIAMI FL 33129		Mailing Address 401 SW 28TH ROAD MIAMI FL 33129	
2. Principal Place of Business <i>281 SW 28th Rd</i>		3. Mailing Address <i>P.O. Box 450100</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33129</i>		Zip <i>33245</i>	
Country <i>USA</i>		Country <i>US</i>	
4. FEI Number <i>201521001</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>REGISTERED AGENTS OF FLORIDA, LLC</b> 100 SOUTHEAST 2ND STREET SUITE 2900 MIAMI FL 33131		7. Name and Address of New Registered Agent Name: <i>ANIA MARIA FERNANDEZ HAAR</i> Street Address (P.O. Box Number is Not Acceptable): <i>401 SW 28 Rd</i> City: <i>Miami</i> FL Zip Code: <i>33129</i>	
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 		DATE	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>CHARMANT ANIA MARIA FERNANDEZ HAAR</i>	NAME	
STREET ADDRESS	<i>401 SW 28 Rd.</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FL 33129</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	