

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000002440**

1. Entity Name  
**AMET, LLC**



Principal Place of Business  
**15 WEST CHURCH STREET, SUITE 201  
ORLANDO, FL 32801**

Mailing Address  
**15 WEST CHURCH STREET, SUITE 201  
ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**



01032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**02-0542005**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WOODS, JONATHAN D ESQ.  
425 W COLONIAL DR STE 204  
ORLANDO, FL 32804**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MORENO, MIRIAM R  
15 WEST CHURCH STREET, SUITE 201  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MORENO-HARAMBOURE, ELIZABETH  
15 WEST CHURCH STREET, SUITE 201  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MORENO, ANTONIO JR  
15 WEST CHURCH STREET, SUITE 201  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000380558  
01/11/06-80018-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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:**

*Miriam R. Moreno*

**1-3-06**

**407-246-1515**

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

Date

Daytime Phone #