2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075634

1. Entity Name
A.M.A., L.L.C.

Principal Place of Business	Mailing Address
2696 S.E. WILLOUGHBY BLVD STUART, FL 34994	2696 S.E. WILLOUGHBY BLVD STUART, FL 34994

04252006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1659512
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCORNAVACCA, ARTHUR SR.
2696 SE WILLOUGHBY BLVD
STUART, FL 34994

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCORNAVACCA, ARTHUR SR.
STREET ADDRESS	1501 DECKER AVE., BLDG. B, UNIT 208
CITY-ST-ZIP	STUART, FL 34997
TITLE	MGR
NAME	SCORNAVACCA, ARTHUR JR.
STREET ADDRESS	1501 DECKER AVE., BLDG. B, UNIT 208
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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05/12/06-80082-010 50.00

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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: _____ 4/25/06 772-463-1056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #