

**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.	
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Principal Place of Business 2696 S.E. WILLOUGHBY BLVD STUART, FL 34994	Mailing Address 2696 S.E. WILLOUGHBY BLVD STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-LLC

CRZE083 (1/1/05)

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**

**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 _____

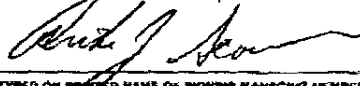
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCORNAVACCA, ARTHUR SR. 1501 DECKER AVE., BLDG. B, UNIT 208 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCORNAVACCA, ARTHUR JR. 1501 DECKER AVE., BLDG. B, UNIT 208 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000548889
05/12/06-80082-010 50.00

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 #