

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001207

1. Entity Name
 AMG ENTERPRISES, LTD.



Principal Place of Business
 139 ANCHOR DRIVE
 VERO BEACH, FL 32960

Mailing Address
 139 ANCHOR DRIVE
 VERO BEACH, FL 32960



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

02102005 Chg-LP CR2E003 (10/03)

4. FEI Number
 57-1183317

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDEN, ANN M
 139 ANCHOR DRIVE
 VERO BEACH, FL 32960

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 this if applicable

9. Capital Contributions as Shown on record. \$7,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L03000030229
 NAME AMG MANAGEMENT, LLC
 STREET ADDRESS 139 ANCHOR DRIVE
 CITY-ST-ZIP VERO BEACH, FL 32960

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
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STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Ann M. Golden 4/16/05 772-234-4666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE