


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 23, 2007 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01192007 Chg-LP CR2E003 (12/06)

4. FEI Number 57-1183317	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GOLDEN, ANN M 139 ANCHOR DRIVE VERO BEACH, FL 32960	

7. Name and Address of New Registered Agent	
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 title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000030229	STREET ADDRESS	
NAME	AMG MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	139 ANCHOR DRIVE		
CITY-ST-ZIP	VERO BEACH, FL 32960		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	1000000646634
STREET ADDRESS			03/06/07-80039-022 500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 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 Ann M. Golden 2/19/07 772-234-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

STAPLE CHECK HERE