PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SELNETARY OF STATE ON VISION OF CORPORATIONS		
DOCUMENT # A0300001207 1. Name of Limited Partnership					
AMG Enterprises, Ltd.				^ ~	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address			2013-201	
7565 Indian Oaks Drive	7565 Indian Oaks Drive		е	CR2E039	9 (1/11)
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Date Formed or Registered To Do Business in Florida	
City & State	City & State			5. FEI Number	Applied For
Vero Beach, FL	Vero Beach, FL			57-1183317	Not Applicable
Zip Country	Zíp	Country		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee require
32966 USA	32966	USA		CERTIFICATE OF STATUS BESINED	for a Certificate of Status
8. Name and Address of Current Registered Agent			7. FEES:		
Name Pauce D. Abornothi: Ir				Filing Fee(s): \$411,25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office.	
Bruce R. Abernethy, Jr. Street Address (P.O. Box Number is Not Acceptable)			Penalty Fee(s): \$500 for each year		
130 S. Indian River Dr., Suite 201				partnership revok	ed on our records.
Suite, Apt. #, Etc.			E-mail Address:		
City Piones El	Zip Code FL 34950			babernethy@bruceapa.com E-Mail address to be used for future annual report notices.	
9. Pursuant to the provisions of section 620,1810 or 620,1909, Florida Statutes. I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620. Florida Statutes					
SIGNATURE (Registered Agent Accepting Appointment)					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s)		Each General Partner st Office Box Numbers		City, State and Zip Code	10a. Registration Document Number
AMG Management of Vero, LLC,	7565 India	n Oaks Drive	Ver	o Beach, FL 32966	1.03000030229
a Florida Limited					
Liability Company					
				90090441 10/11/1701003	1555 -005 **5052.50
					M. MILLIGAŅ
					OCT 1 6 2017
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, Flo. in the event that the information supplied is deemed exempt from public access. I further certify that the information molicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.B17.155, F.S.					
SIGNATURE and M. John DATE 9/21/17					