


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Mar 12, 2007 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A04000000435</b><br>1. Entity Name<br>AMO PARTNERS, LLLP |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>2300 GLADES RD, STE 100E<br>BOCA RATON, FL 33431 | Mailing Address<br>2300 GLADES RD, STE 100E<br>BOCA RATON, FL 33431 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

|   |                                       |                 |
|---|---------------------------------------|-----------------|
| 02052007 No Chg-LP  |                                       | CR2E003 (12/06) |
| 4. FEI Number<br>27-0083627                               | Applied For<br>Not Applicable         |                 |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |                 |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>AMO EQUITY, LLC<br>2300 GLADES RD, STE 100E<br>BOCA RATON, FL 33431 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ |
|--|------------|

**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 |                          |
|---------------------------------|--------------------------|
| DOCUMENT #                      | L04000020379             |
| NAME                            | AMO EQUITY, LLC          |
| STREET ADDRESS                  | 2300 GLADES RD, STE 100E |
| CITY-ST-ZIP                     | BOCA RATON, FL 33431     |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |

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03/23/07-80023-010 500.00

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STAPLE CHECK HERE

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

|   |                       |                     |                                |
|---|-----------------------|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  | William R. Greenfield | 2/15/07             | 561-392-6662                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>                         |                       | <small>Date</small> | <small>Daytime Phone #</small> |