2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008613

Entity Name: A & M FLORIDA PROPERTIES LLC

Current Principal Place of Business:

50 BROADWAY, 4TH FLOOR
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

50 BROADWAY, 4TH FLOOR
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 13-4127679   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2791 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

       Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR ( ) Delete
Name:	GROSS, EDITH
Address:	50 BROADWAY, 4TH FLOOR
City-St-Zip:	NEW YORK, NY 33030

Title:	MGR ( ) Delete
Name:	GROSS, ALLEN
Address:	50 BROADWAY, 4TH FLOOR
City-St-Zip:	NEW YORK, NY 33030

Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

ADDITIONS/CHANGES:

Title:	MGR (X) Change ( ) Addition
Name:	GROSS, EDITH
Address:	50 BROADWAY, 4TH FLOOR
City-St-Zip:	NEW YORK, NY 10004

Title:	MGR (X) Change ( ) Addition
Name:	GROSS, ALLEN
Address:	50 BROADWAY, 4TH FLOOR
City-St-Zip:	NEW YORK, NY 10004

Title:	VP ( ) Change (X) Addition
Name:	SCHACTER, ALAN
Address:	50 BROADWAY, 4TH FLOOR
City-St-Zip:	NEW YORK, NY 10004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN SCHACTER   VP   04/22/2007
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date