

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90025 047 \*\*\*\*50.00

60041904



04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number **59-3672538** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L00000012171**

1. Entity Name  
**AME REALTY, L.L.C.**



Principal Place of Business  
**555 W. GRANADA BLVD.  
SUITE 4B  
DAYTONA BEACH, FL 32174**

Mailing Address  
**555 W. GRANADA BLVD.  
SUITE 4B  
DAYTONA BEACH, FL 32174**

2. Principal Place of Business - No P.O. Box #  
**444 SEABREEZE BLVD.**

Suite, Apt. #, etc.  
**1002**

3. Mailing Address  
**444 SEABREEZE BLVD.**

Suite, Apt. #, etc.  
**1002**

City & State  
**DAYTONA BEACH, FL**

Zip  
**32118**

Country  
**USA**

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name  
**SANFORD MILLER**

Street Address (P.O. Box Number is Not Acceptable)  
**444 SEABREEZE BLVD., SUITE 1002**

City  
**DAYTONA BEACH**

FL

Zip Code  
**32118**

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 *[Signature]* **SANFORD MILLER** **4/23/07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, SANFORD 555 W. GRANADA BLVD. - SUITE 4B DAYTONA BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>444 SEABREEZE BLVD., #1002 DAYTONA BEACH, FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDDY, RAYMOND JR. 555 W. GRANADA BLVD. - SUITE 4B DAYTONA BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>25 CR 15 BUNNELL, FL 32110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:** *[Signature]* **SANFORD MILLER** **4/23/07** **386-238-7035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #