

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008441

Entity Name: AMA INVESTMENTS, LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

842 WILD WOOD CIRCLE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

6347 PALMAS BAY CIR.  
PORT ORANGE, FL 32127

**Current Mailing Address:**

842 WILD WOOD CIRCLE  
PORT ORANGE, FL 32127

**New Mailing Address:**

6347 PALMAS BAY CIR.  
PORT ORANGE, FL 32127

FEI Number: 36-4442898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALASTRA, ANTHONY J  
842 WILD WOOD CIRCLE  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

ALASTRA, ANTHONY J  
6347 PALMAS BAY CIR.  
PORT ORANGE, FL 32127 US

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: ANTHONY ALASTRA

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALASTRA, ANTHONY J  
Address: 842 WILDWOOD CR  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALASTRA, ANTHONY J  
Address: 6347 PALMAS BAY CIR.  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY ALASTRA

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date