2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000009167

1. Entity Name
AMSTON INVESTMENTS LLC

Principal Place of Business	Mailing Address
1420 SW 28TH AVENUE POMPANO BEACH, FL 33069	1420 SW 28TH AVENUE POMPANO BEACH, FL 33069

01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1131550

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEXTON, DAVID W JR.
6899 SW 50TH STREET
DAVIE, FL 33314

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000004559006
03/15/06-80006-018 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SEXTON, DAVID W JR
STREET ADDRESS	6899 SW 50TH STREET
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	MGRM
NAME	SEXTON, ANTONIA MARIE
STREET ADDRESS	6899 SW 50TH STREET
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: DAVID W SEXTON JR 3/02/06 9549790707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #