2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010037 1. Entity Name

AMON INVESTMENTS, LLC



FILED

Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90029 036 ****50.00

ZP Country Zip Country 5. Certificate of Status Desired \$5.00 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMON, URSULA 211 E. INTERNATIONAL SPEEDWAY BLVD STE 213 DAYTONA BEACH FL 32118 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent and or registered agent and the obligations of registered agent and the obligations of registered agent and the obligations of registered agent and the state of Florida. I am familiar with, and a the obligations of registered agent and the state of Florida. I am familiar with, and a the obligations of registered agent and the state of Florida. I am familiar with, and a the obligations of registered agent agent and the state of Florida. I am familiar with, and a the obligations of registered agent of the state of Florida. I am familiar with, and a the obligations of registered agent of the state of Florida. I am familiar with, and a the obligations of registered agent of the state of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent agent and the state of Florida. I am familiar with, and a the obligations of registered agent agent and the state of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am fam			•			/					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #