


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008483
 1. Entity Name
AMAS DEVELOPMENT - BONTONA, LLC



Principal Place of Business Mailing Address
1103 EAST LAS OLAS BOULEVARD, SUITE 200 **1103 EAST LAS OLAS BOULEVARD, SUITE 200**
FORT LAUDERDALE, FL 33301 **FORT LAUDERDALE, FL 33301**

DO NOT WRITE IN THIS SPACE



01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0836146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SHIFF, MICHAEL A
1103 EAST LAS OLAS BOULEVARD, SUITE 200
FORT LAUDERDALE, FL 33301

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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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIFF, MICHAEL A 1103 EAST LAS OLAS BOULEVARD, SUITE 200 FORT LAUDERDALE, FL 33301
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 03/07/05-80094-015 50.00

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 of the company, or otherwise empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **2/24/05** **954-463-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #