

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016388

Entity Name: AMSD, LLC

**FILED**  
**May 05, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

900 N. FEDERAL HIGHWAY, SUITE 470  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

900 N. FEDERAL HIGHWAY, SUITE 470  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 04-3696290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LAKE, LISA  
900 N FEDERAL HIGHWAY STE 470  
BOCA RATON, FL 33432      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LAKE, LISA  
Address: 900 NORTH FEDERAL STE 470  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LISA LAKE

MGRM

05/05/2008

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