2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034464

1. Entity Name
AMSA DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
2683 ST. JOHNS BLUFF RD. S. 155 JACKSONVILLE, FL 32246 US	2683 ST. JOHNS BLUFF RD. S. 155 JACKSONVILLE, FL 32246 US

DO NOT WRITE IN THIS SPACE

04122006No Chg-LLC CR2E083 (11/05)

4. FEI Number
52-2388376
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIPPES, HAROLD
2683 ST. JOHNS BLUFF RD. S.
155
JACKSONVILLE, FL 32246

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

000000530250
05/05/06-80104-024 50.00

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SABET, AMIR M
STREET ADDRESS	73 S. ROSCOE BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGRM
NAME	MANSOURI, SAFA
STREET ADDRESS	85 NICOLE LANE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
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: _____ 4/16/06 904-642-2603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #