

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034464

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** AMSA DEVELOPMENT, LLC

**Current Principal Place of Business:**

2804 ST. JOHNS BLUFF RD. S.  
200  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

2804 ST. JOHNS BLUFF RD. S.  
200  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

**FEI Number:** 52-2388376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIPPES, HAROLD  
2804 ST. JOHNS BLUFF RD. S.  
200  
JACKSONVILLE, FL 32246 US

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

LIPPES, HAROLD  
800 WEST MONROE ST.  
JACKSONVILLE, FL 32202 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:

03/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SABET, AMIR M  
Address: 43 S. ROSCOE BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM  
Name: MANSOURI, SAFA  
Address: 85 NICOLE LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

I hereby 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: SAFA MANSOURI

MGRM

03/04/2010

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