


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000022220</b> 1. Entity Name AMTEC, LLC	
----------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 6421 CONGRESS AVENUE, SUITE 105 BOCA RATON, FL 33487	Mailing Address 6421 CONGRESS AVENUE, SUITE 105 BOCA RATON, FL 33487
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0070079	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

BLODIG, GREGORY J  
100 WEST CYPRESS CREEK ROAD, SUITE 700  
GREENSPOON, MARDER, HIRSCHFELD, RAFKIN  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	------------

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000216811  
02/05/05-80064-011 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, LINDA 6421 CONGRESS AVENUE, SUITE 105 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, MICHAEL 6421 CONGRESS AVENUE, SUITE 105 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MICHAEL 6421 CONGRESS AVENUE, SUITE 105 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON, LINDA 6421 CONGRESS AVENUE, SUITE 105 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> * <i>Michael Johnson</i> Member	1/24/05	561-999-9181
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>