

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90029 029 ****50.00

DOCUMENT # L03000022631	
1. Entity Name AMLES, LLC	

Principal Place of Business 4721 UNIVERSITY DR. CORAL GABLES FL 33146	Mailing Address C/O R&S MGMT 5821 REDDMAN RD. CHARLOTTE NC 28212
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2. Principal Place of Business	3. Mailing Address 40 R&S MGMT
Suite, Apt. #, etc.	1981 J.W. PEASE PL
City & State	Suite, Apt. #, etc. Suite 101
Zip	City & State Charlotte, NC
Country	Zip 28262-4529
	Country USA

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent SORKIN, LAWRENCE 4721 UNIVERSITY DR. CORAL GABLES FL 33146	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

4. FEI Number 03-0525701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIRROS, INC. 4721 UNIVERSITY DR. CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **LAWRENCE SORKIN** 4-6-06 704-548-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #