


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90042 012 \*\*\*\*50.00

DOCUMENT # L03000027336											
<b>1. Entity Name</b> AMMA HOLDINGS, LLC											
<b>Principal Place of Business</b> 2094 GLENCOVE COURT CLEARWATER, FL 33764			<b>Mailing Address</b> 2094 GLENCOVE COURT CLEARWATER, FL 33764								
<b>2. Principal Place of Business</b> 3031 GEIGER CT. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3031 GEIGER CT. Suite, Apt. #, etc.									
<b>City &amp; State</b> CLEARWATER, FL		<b>City &amp; State</b> CLEARWATER, FL		<b>4. FEI Number</b> 01-0792390							
<b>Zip</b> 33761		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  PENNINGS, MARY L 2094 GLENCOVE COURT CLEARWATER, FL 33764			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name <b>MARY L. PENNINGS</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) <b>3031 GEIGER CT</b></td> </tr> <tr> <td style="padding: 2px;">City <b>CLEARWATER</b></td> <td style="padding: 2px;">Zip Code <b>FL 33761</b></td> </tr> </table>			Name <b>MARY L. PENNINGS</b>		Street Address (P.O. Box Number is Not Acceptable) <b>3031 GEIGER CT</b>		City <b>CLEARWATER</b>	Zip Code <b>FL 33761</b>
Name <b>MARY L. PENNINGS</b>											
Street Address (P.O. Box Number is Not Acceptable) <b>3031 GEIGER CT</b>											
City <b>CLEARWATER</b>	Zip Code <b>FL 33761</b>										
<b>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.</b> <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE <i>Mary L. Pennings</i></td> <td style="width:30%;">NAME <b>MARY PENNINGS</b></td> <td style="width:40%;">DATE <b>2/22/05</b></td> </tr> </table> <p style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</p>						SIGNATURE <i>Mary L. Pennings</i>	NAME <b>MARY PENNINGS</b>	DATE <b>2/22/05</b>			
SIGNATURE <i>Mary L. Pennings</i>	NAME <b>MARY PENNINGS</b>	DATE <b>2/22/05</b>									
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>									
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGS, MARY L 2094 GLENCOVE COURT CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3031 GEIGER CT</b> <b>CLEARWATER, FL 33761</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGS, MICHAEL R 2094 GLENCOVE COURT CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3031 GEIGER CT</b> <b>CLEARWATER, FL 33761</b>							
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>											
<b>SIGNATURE:</b> <i>Mary L. Pennings</i>			<b>MARY PENNINGS</b>								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>2/22/05</b> Daytime Phone # <b>727-543-9332</b>								

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