2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# L03000038616

Entity Name: AM-BOS, LLC

Current Principal Place of Business:

605 SE 20TH ST.
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

605 SE 20TH ST.
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 14-1912790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOTIC, ELDIN
605 SE 20TH ST.
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

HOTIC, ELDIN PRESIDE
605 SE 20TH ST.
CAPE CORAL, FL 33990 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: HOTIC ELDIN 05/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: HOTIC, ELDIN
Address: 605 SE 20TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HOTIC, ELDIN PRESIDE
Address: 605 SE 20TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGR ( ) Change (X) Addition
Name: HOTIC, DAMIR VICE PR
Address: 1503 S.E. 14TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOTIC ELDIN MGR 05/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date