

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042050

FILED
Feb 23, 2004
Secretary of State

Entity Name: AM&E SERVICES LLC

Current Principal Place of Business:

801 N. MAGNOLIA AVE., STE. 201
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

801 N. MAGNOLIA AVE., STE. 201
ORLANDO, FL 32803

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVE., STE. 201
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: OMBRES, ALEXANDER J
Address: 801 N. MAGNOLIA AVENUE, SUITE 201
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Change (X) Addition
Name: ABRAMS, LEHN E
Address: 801 N. MAGNOLIA AVENUE, SUITE 201
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Change (X) Addition
Name: LOUV, ARTHUR R
Address: 801 N. MAGNOLIA AVENUE, SUITE 201
City-St-Zip: ORLANDO, FL 32803

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: ARTHUR R. LOUV

MGR

02/23/2004

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