## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042050

Entity Name: AM&E SERVICES LLC

**FILED** Feb 11, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

801 N. MAGNOLIA AVE., STE. 201 605 EAST ROBINSON STREET ORLANDO, FL 32803

SUITE 730

ORLANDO, FL 32801

**Current Mailing Address: New Mailing Address:** 

801 N. MAGNOLIA AVE., STE. 201 605 EAST ROBINSON STREET

ORLANDO, FL 32803 SUITE 730

ORLANDO, FL 32801

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A. ARNOLD, MATHENY & EAGAN, P.A. 605 EASŤ ROBINSON STREET 801 N. MAGNOLIA AVE., STE. 201 ORLANDO, FL 32802 SUITE 730

ORLANDO, FL 32801 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: ARTHUR R. LOUV 02/11/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete

OMBRES, ALEXANDER J OMBRES, ALEXANDER J Name: Name: 801 N. MAGNOLIA AVENUE, SUITE 201 Address: 605 EAST ROBINSON STREET, SUITE 730 Address:

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32801

(X) Change ( ) Addition Title: MGR ( ) Delete Title: MGR

Name: ABRAMS, LEHN E Name: ABRAMS, LEHN E Address: 801 N. MAGNOLIA AVENUE, SUITE 201 Address:

605 EAST ROBINSON STREET. SUITE 730 City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete Title: MGR (X) Change ( ) Addition LOUV, ARTHUR R Name: LOUV, ARTHUR R Name:

801 N. MAGNOLIA AVENUE, SUITE 201 605 EAST ROBINSON STREET, SUITE 730 Address: Address:

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32801

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 02/11/2005