

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042050

FILED
Feb 20, 2007
Secretary of State

Entity Name: AM&E SERVICES LLC

Current Principal Place of Business:

605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801

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.
605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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/MANAGERS:

Title: MGR () Delete
Name: OMBRES, ALEXANDER J
Address: 605 EAST ROBINSON STREET, SUITE 730
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: ABRAMS, LEHN E
Address: 605 EAST ROBINSON STREET, SUITE 730
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: LOUV, ARTHUR R
Address: 605 EAST ROBINSON STREET, SUITE 730
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 02/20/2007

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