

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000042112

1. Entity Name
AM DEVELOPERS, L.L.C.



Principal Place of Business

**1920 E HALLANDALE BEACH BLVD, STE 905
HALLANDALE BEACH, FL 33009**

Mailing Address

**1920 E HALLANDALE BEACH BLVD, STE 905
HALLANDALE BEACH, FL 33009**



04292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1209299

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIZRAHI, ALBERTO
1920 E HALLANDALE BEACH BLVD, STE 905
HALLANDALE BEACH, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MIZRAHI, ALBERTO
STREET ADDRESS	1920 E. HALLANDALE BEACH BLVD. #905
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009

TITLE	
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05/04/05-80089-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/28/05 954-4546764

Date

Daytime Phone #