2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L03000051903

Entity Name: AM TEXAS PROPERTIES, LLC

Current Principal Place of Business:

6555 NW 36 ST
STE 114
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

5435 N GARLAND AVE
STE 140-312
GARLAND, TX 75040

New Mailing Address:

FEI Number: 20-0469190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
200
MIAMI, FL 33126 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: MGRM ( ) Delete
Name: MENDIVE, ANSELMO M
Address: 6555 NW 36 ST, STE 114
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: VT ( ) Delete
Name: GARCIA, JULIO E
Address: 6555 NW 36 ST, STE 114
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: S ( ) Delete
Name: LARA, YANEYS M
Address: 6555 NW 36 ST, STE 114
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

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 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: ANSELMO M. MENDIVE MGRM 01/16/2009

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