


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90098 008 ****50.00

DOCUMENT # L04000006698 1. Entity Name AMD BUILDING, LLC					
Principal Place of Business 3573 SW CORPORATE PARKWAY PALM CITY FL 34990			Mailing Address P.O. BOX 356 STUART FL 34995		
2. Principal Place of Business 112 SANDY LANE		3. Mailing Address P.O. BOX 689			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BREVARD, NC		City & State CEDAR MTN. NC		4. FEI Number 54-2141738	
Zip 28712		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 28718		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEHON, ARTHUR M JR. 2072 SE RIVERSIDE DRIVE STUART FL 34996			7. Name and Address of New Registered Agent Name Charles T. Simmons CPA Street Address (P.O. Box Number is Not Acceptable) 417 Coconut Ave #1 City Stuart FL Zip Code 34996		
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 <u>Charles T. Simmons CPA</u> Charles T. Simmons CPA 4/16/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEHON, ARTHUR M JR. 3573 SW CORPORATE PARKWAY PALM CITY FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARTHUR M. DEHON, JR 112 SANDY LANE BREVARD, NC 28712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>ARTHUR M. DEHON, JR</u> ARTHUR M. DEHON, JR APRIL 1, 2005 828/883-9689 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					