

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009834

FILED
May 02, 2008
Secretary of State

Entity Name: A.M.G. 2 INVESTMENT PROPERTIES LLC

Current Principal Place of Business:

19081 SE REACH ISLAND LN
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

19081 SE REACH ISLAND LN
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 20-0596423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLBUR, DEAN F JR
1100 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, FRANK F FRANK G
Address: 19081 SE REACH ISLAND LN
City-St-Zip: JUPITER, FL 33458 US

Title: MGRM () Delete
Name: NASSAR, NILIANA F FRANK G
Address: 19081 SE REACH ISLAND LN
City-St-Zip: JUPITER, FL 33458 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FRANK, GARCIA F FRANK G
Address: 19081 SE REACH ISLAND LN
City-St-Zip: JUPITER, FL 33458 US

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: FRANK GARCIA

MMGR

05/02/2008

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