

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90037 022 ****50.00

14005879



04152005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000011985	
1. Entity Name AM LANDS, L.L.C.	

Principal Place of Business 4000 HOLLYWOOD BLVD, STE 350-N HOLLYWOOD, FL 33021	Mailing Address 4000 HOLLYWOOD BLVD, STE 350-N HOLLYWOOD, FL 33021
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2. Principal Place of Business 983 WINDWARD WAY Suite, Apt. #, etc.	3. Mailing Address 983 WINDWARD WAY Suite, Apt. #, etc.
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City & State WESTON FLORIDA	City & State WESTON FLORIDA
Zip 33327	Zip 33327
Country USA	Country USA

4. FEI Number 83-0387194	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY ESQ
FEINBERG & MAIDENBAUM
4000 HOLLYWOOD BLVD, STE 350-N
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
SYAM RAMNARINE MGRM

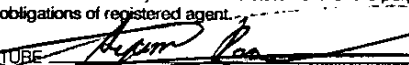
Street Address (P.O. Box Number is Not Acceptable)
983 WINDWARD WAY

City
WESTON

FL

Zip Code
33327

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.

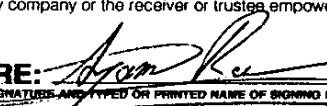
SIGNATURE  DATE _____

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BICKRAM RAMNARINE 983 WINDWARD WAY WESTON FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYAM RAMNARINE 983 WINDWARD WAY WESTON FL 33327 <input type="checkbox"/> Change <input checked="" 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

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:  DATE _____ Daytime Phone # _____

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