

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000011985

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



Principal Place of Business

**983 WINDWARD WAY
WESTON, FL 33327**

Mailing Address

**983 WINDWARD WAY
WESTON, FL 33327**

DO NOT WRITE IN THIS SPACE



03202008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

83-0387194

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SYAM RAMNARING MGRM
983 WINDWARD WAY
WESTON, FL 33327**

**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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**MGRM
RAMNARINE, BICKRAM
983 WINDWARD WAY
WESTON, FL 33327**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**MGRM
RAMNARINE, SYAM
982 WINDWARD WAY
WESTON, FL 33327**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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IN THIS SPACE**

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05/12/06-80082-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #