


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000011985</b> 1. Entity Name AM LANDS, L.L.C.	
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Principal Place of Business 983 WINDWARD WAY WESTON, FL 33327	Mailing Address 983 WINDWARD WAY WESTON, FL 33327
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<b>DO NOT WRITE IN THIS SPACE</b>
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02132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 83-0387194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SYAM RAMNARING MGRM 983 WINDWARD WAY WESTON, FL 33327
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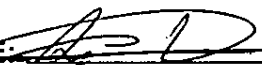
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

**Filing Fee is \$50.00  
Due by May 1, 2007**

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
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<p>U00000688938 04/11/07-80015-022 50.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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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.		
<b>SIGNATURE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____