


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2008 08:00 AM**  
**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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**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 83-0387194	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  SYAM RAMNARING MGRM 983 WINDWARD WAY WESTON, FL 33327
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000886346  
04/18/08-80052-011 138.75

**DO NOT WRITE  
IN THIS SPACE**

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 SYAM RAMNARINE 4/4/08 954 389 8753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #