


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90366 045 ****50.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # L04000020379 1. Entity Name AMO EQUITY, LLC | | | |  | |
| Principal Place of Business 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431 | | | Mailing Address 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01242005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 20-0875683 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GREENFIELD, WILLIAM R 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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. | | | FL Zip Code | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | DATE | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Greenfield, William R. 2300 Glades Rd Ste 100E Boca Raton FL 33431 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: | | William R. Greenfield | | 5/3/05 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

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