2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 30, 2005 8:00 am Secretary of State 03-30-2005 90160 004 ****50.00

DOCUMENT # L04000033966 1. Entity Name AMA HOLDINGS, LLC				03-30-2005 90160 004 ****50.00
Principal Plac	ce of Business	Mailing Address	<u>. </u>	2027
2051 INDIAN WEST PALM	v road Beach, FL 33409	2051 INDIAN ROAD WEST PALM BEACH, FL	33409	20025297
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02132005 Chg-LLC CR2E083 (10/03)
City & Stat	te .	City & State		4. FEI Number Applied For Not Applicable Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New Registered Agent
O.CONNO	R, TERRENCE		Name	
2051 INDI. WEST PA	AN ROAD LM BEACH, FL 33409		Street Ad	ress (P.O. Box Number is Not Acceptable)
			City	- Troub
O The share			'	FL Zip Code
the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or r	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	· · · · · · · · · · · · · · · · · · ·			
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature	equired when reinstating) DATE
Filing Fee Is \$50.00 Due by May 1, 2005		-		State sheet sauchtain
_	20 by mby 1, 2000			Make check payable to Florida Department of State
9.	MANAGING MEMBER	IS/MANAGERS	10.	
9. TITLE	MANAGING MEMBER	S/MANAGERS	10.	Florida Department of State
9. TITLE NAME	MANAGING MEMBER MGRM O'CONNOR, TERRENCE		TITLE NAME	Florida Department of State ADDITIONS/CHANGES
9. TITLE	MANAGING MEMBER		TITLE	Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM O'CONNOR, TERRENCE 2051 INDIAN ROAD		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM O'CONNOR, TERRENCE 2051 INDIAN ROAD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Florida Department of State ADDITIONS/CHANGES Change Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM O'CONNOR, TERRENCE 2051 INDIAN ROAD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Florida Department of State ADDITIONS/CHANGES Change 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.

CITY-ST-ZIP

CITY-ST-ZIP