2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2008 08:00 All Secretary of State

1. Entity Name
AMA HOLDINGS, LLC



Principal Place of Business

Mailing Address

2051 INDIAN ROAD WEST PALM BEACH, FL 33409 2051 INDIAN ROAD WEST PALM BEACH, FL 33409



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

5. Certificate of Status Desired

FEI Number
 20-1083210

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

O'CONNOR, TERRENCE 2051 INDIAN ROAD WEST PALM BEACH, FL 33409

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 accepted obligations of registered agent	∌pt
SI	SNATURE	

(NOTE, Registered Agent signature required when reins(aling)

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

U00000881565 04/16/08-80005-025 138.75

DATE

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'CONNOR, TERRENCE 2051 INDIAN ROAD WEST PALM BEACH, FL 33409
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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

7/08 56/-684-2828

Daytime Phone #