

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90024 041 \*\*\*\*50.00

**DOCUMENT # L04000051094**

1. Entity Name  
**AMB DEVELOPMENT AND CONSTRUCTION, LLC**



Principal Place of Business  
~~405 ALL SAINTS STREET~~  
**1**  
**TALLAHASSEE FL 32301**

Mailing Address  
~~405 ALL SAINTS STREET~~  
**+**  
**TALLAHASSEE FL 32301**

2. Principal Place of Business  
**310-320 BLOUNT STR**  
Suite, Apt. #, etc.  
**#108**

3. Mailing Address  
**P.O. BOX 3803**  
Suite, Apt. #, etc.

City & State  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**

Zip  
**32301**

Zip  
**32315-3803**

1st MOORE CR2E083 (10/05)

4. FEI Number  
**90-0187558**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOULOS, ANTOINE**  
~~405 ALL SAINTS STREET~~  
**1**  
~~TALLAHASSEE FL 32301~~

7. Name and Address of New Registered Agent

Name

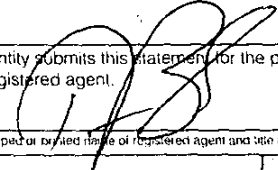
Street Address (P.O. Box Number is Not Acceptable)  
**310-320 BLOUNT STR #108**

City  
**TALLAHASSEE**

FL

Zip Code  
**32301**

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.

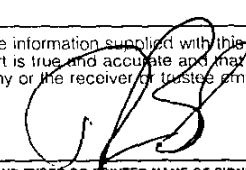
SIGNATURE  DATE **4/17/06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00.**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BOULOS, ANTOINE <del>405 ALL SAINTS STREET</del> TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>310-320 BLOUNT STR #108 TALLAHASSEE, FL 32301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **4/17/06 (850) 556-6660**

PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE