

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90034 020 \*\*\*150.00

<b>DOCUMENT # L04000075795</b> 1. Entity Name <b>A.M. DEVELOPMENT ENTERPRISES, LLC</b>						
Principal Place of Business P.O. BOX 1046 BONITA SPRINGS, FL 34133			Mailing Address P.O. BOX 1046 BONITA SPRINGS, FL 34133			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
				Country		
6. Name and Address of Current Registered Agent  <b>CORPORATE REGISTERED AGENT, LLC</b> <b>5147 CASTELLO DRIVE</b> <b>NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><i>Anthony Marino</i></u> <span style="float: right;">6/28/06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>						
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARINO, ANTHONY A			NAME		
STREET ADDRESS	P.O. BOX 1046			STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34133			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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: <u><i>Anthony Marino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/26/06 239-947-8459 <small>Date Daytime Phone #</small>		

4/



01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
APPLIED FOR **20-2030979** Applied For  
Not Applicable

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