

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90157 006 ****50.00

DOCUMENT # L04000092297					
1. Entity Name AMVA ASSOCIATES, L.L.C.					
Principal Place of Business 312 SIGNATURE COURT SAFETY HARBOR, FL 34695			Mailing Address 312 SIGNATURE COURT SAFETY HARBOR, FL 34695		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 26-0102692			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET STE 102 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name <u>VINCENT ADDONISIO</u> Street Address (P.O. Box Number is Not Acceptable) <u>312 SIGNATURE COURT</u> City <u>SAFETY HARBOR</u> <u>FL</u> Zip Code <u>34695</u>		
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>VINCENT ADDONISIO</u> <u>Vincent Addonisio</u> <u>2-09-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <u>PRESIDENT/MANAGING MEMBER</u> <input type="checkbox"/> Delete NAME <u>VINCENT ADDONISIO</u> STREET ADDRESS <u>312 SIGNATURE COURT</u> CITY-ST-ZIP <u>SAFETY HARBOR, FL. 34695</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <input type="checkbox"/> Delete 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: <u>Vincent Addonisio</u> <u>MANAGING MEMBER</u> <u>2-09-05</u> <u>727-669-8884</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					