2006 LIMITED LIABILITY COMPANY

FILED Apr 24, 2006 8:00 am

	ANNUAL REPORT				Secretary of State			
DOCUMENT # L05000002955					04-24-2006	90056 036 ****50	0.00	
1. Entity Name								
AMI ĎEVELOPMENT, L.L.C.								
			1000	TIES .	ជួបូបូរបង	tuv		
Principal Place of Business Mailing Address					40000	•		
		306 A 56TH STREET HOLMES BEACH, FL 342	A 561H STREET MES BEACH, FL 34217 US					
THOUSAND DEF	, , , , , , , , , , , , , , , , , ,				BU BBIB) BUU BBU BBIH B	#### #################################		
Principal Place of Business 3. Mailing Address								
127 B 52ND ST		127 B 52ND ST			#	61(88)2) 88328 618 1828 C C 8)		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04192006	6 Chg-LLC	CR2E083 (11/05)		
City & Stat	e 6 E1	City & State	<u> </u>	4. FEI Num	ber	Ar	oplied For	
HOLM		HOLMES BEACH FL		<u>-</u>			ot Applicable	
34217 Country 'USA		Zip34217 Country USA		5. Certifica	te of Status Desired	55.00 Add Fee Require		
6. Name and Address of Current Registered Agent					nd Address of New	Registered Agent		
BYRNE RICHARD A ROP					T. BYR	NE	ļ	
306 A 56TH STREET Street A				ddress (P.O. Box Nurr	nber is Not Acceptab	(le)		
HOLMES BEACH, FL 34217								
	,	7	City 1	1 0		Zip Cod	e	
itoln					DEACH	FL 34	217	
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 4/19/06								
Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Make check payable to								
D	ue by May 1, 2006				Florid	da Department of Stat	e ·	
9.	MANAGING MEMBE	RS/MANAGERS	10.			CHANGES		
TITLE	MRGM	Delete	TITLE	MANAGING 1	nember (N r. Byrne	NGRM) M Change	☐ Addition	
NAME STREET ADORESS	BYRNE, RICHARD A 306 A 56TH STREET		NAME STREET ADDRESS	ROBERT 7				
CITY-S1-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP		BEACH, FL	34217		
TITLE	MGR	☐ Delete	TITLE		•	☐ Change	☐ Addition	
NAME STREET ADDRESS	BYRNE, ROBERT T 306 A 56TH STREET		NAME STREET ADDRESS					
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				,	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME 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: 4/19/06 941-761-7600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Prone #								