


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90029 007 ****50.00

DOCUMENT # L05000009999 1. Entity Name AMYR, LLC					
Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131 US			Mailing Address 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 1390 Brickell Avenue Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33131		3. Mailing Address 1390 Brickell Avenue Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33131		01242007 Chg-LLC CR2E083 (12/06)	
Country US		Country US		4. FEI Number 76-0844208	
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 DE LA PENA GROUP, P.A. 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Alvaro Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200 City Miami, FL Zip Code 33131		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1-31-07		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LA PENA, LEONCIO E 601 BRICKELL KEY DRIVE, SUITE 705 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSEK, ROBERTO 601 BRICKELL KEY DRIVE, SUITE 705 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Roberto Russek 1390 Brickell Avenue, Suite 200 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Roberto Russek 1390 Brickell Avenue, Suite 200 Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Roberto Russek 1390 Brickell Avenue, Suite 200 Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Roberto Russek 1390 Brickell Avenue, Suite 200 Miami, FL 33131	<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 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: <i>[Signature]</i> Roberto Russek, Manager 1-31-07 (305) 371-5540 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					