

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018288

FILED
Apr 11, 2007
Secretary of State

Entity Name: AMC PROPERTY INVESTMENTS, L.L.C.

Current Principal Place of Business:

11220 METRO PARKWAY, SUITE 27
FT. MYERS, FL 33912

New Principal Place of Business:

11220 METRO PARKWAY, SUITE 10
FT. MYERS, FL 33966

Current Mailing Address:

11220 METRO PARKWAY, SUITE 27
FT. MYERS, FL 33912

New Mailing Address:

11220 METRO PARKWAY, SUITE 10
FT. MYERS, FL 33966

FEI Number: 03-0556873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERVER, W. MICHAEL
11220 METRO PARKWAY, SUITE 27
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

KERVER, W. MICHAEL
11220 METRO PARKWAY, SUITE 10
FT. MYERS, FL 33966 US

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.

SIGNATURE:

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEITZ, A. JEFFREY
Address: 4215 EAST 60TH STREET, SUITE #6
City-St-Zip: DAVENPORT, IA 52807

Title: MGR () Delete
Name: SALATA, RICHARD A
Address: 6715 TIPPECANOE ROAD, BLDG. B
City-St-Zip: CANFIELD, OH 44406

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: A. JEFFREY SEITZ

MGR

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date