
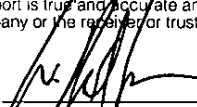


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90076 002 ***138.75

DOCUMENT # L05000018288 1. Entity Name AMC PROPERTY INVESTMENTS, L.L.C.																													
Principal Place of Business 11220 METRO PARKWAY, SUITE 1027 FT. MYERS, FL 33966			Mailing Address 11220 METRO PARKWAY, SUITE 1027 FT. MYERS, FL 33966																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 02112008 Chg-LLC CR2E083 (12/06) 03-0556873				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 KERVER, W. MICHAEL 11220 METRO PARKWAY, SUITE 1027 FT. MYERS, FL 33966																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SEITZ, A. JEFFREY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4215 EAST 60TH STREET, SUITE #6</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVENPORT, IA 52807</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	SEITZ, A. JEFFREY		STREET ADDRESS	4215 EAST 60TH STREET, SUITE #6		CITY-ST-ZIP	DAVENPORT, IA 52807		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  W. MICHAEL KERVER, AGENT 2-11-08 239-939-9996 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													