

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018831

Entity Name: AMSFORD, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

520 N. SEMORAN BLVD.
SUITE 255
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

520 N. SEMORAN BLVD.
SUITE 255
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 51-0548221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTES, CARL D ESQ
605 E. ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARCANUM, LLC,
Address: 520 N. SEMORAN BLVD, SUITE 255
City-St-Zip: ORLANDO, FL 32807

Title: MGRM () Delete
Name: MOTES, CARL D
Address: 1072 LAKE BALDWIN LN
City-St-Zip: ORLANDO, FL 32814

Title: MGRM () Delete
Name: MARSHALL, WILLIAMS J
Address: 475 BONIFAY AVE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: MARSHALL, WILLIAM J
Address: 475 BONIFAY AVE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify 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: CARL D. MOTES

MGR

04/29/2008

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