

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000036235

1. Entity Name

AML PROPERTIES INVESTMENT, LLC



FILED
Apr 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

16400 COLLINS AVE
841
SUNNY ISLES BEACH FL 33160

Mailing Address

16400 COLLINS AVE
841
SUNNY ISLES BEACH FL 33160



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-4865042

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TECHNOCON INTERNATIONAL, INC
1111 KANE CONCOURSE
518
BAY HARBOUR ISLAND FL 33154

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GITMAN, ALISA
STREET ADDRESS 16400 COLLINS AVE #841
CITY-STATE-ZIP SUNNY ISLES BEACH FL 33160

TITLE MGR ☐ Delete
NAME LISITSA, MICHAEL
STREET ADDRESS 521 GOLDEN GATE DR.
CITY-STATE-ZIP RICHBORO PA 18954

TITLE MGR ☐ Delete
NAME TEMNOROD, MICHAEL
STREET ADDRESS 17555 COLLINS AVE #2705
CITY-STATE-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000687520
04/10/07-80043-002 50.00

☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alisa Gitman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/28/2007

305-867-1228
Date Daytime Phone #