

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036459

FILED
Aug 21, 2006
Secretary of State

Entity Name: A & M LLC

Current Principal Place of Business:

2275 BASALT DR E
JACKSONVILLE, FL 32246

New Principal Place of Business:

12226 BEACH BLV
SUITE 5
JACKSONVILLE, FL 32246

Current Mailing Address:

2275 BASALT DR E
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEL VALLE, GLADYS
12856 KELSEY ISLAND DR
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

DEL VALLE, GLADYS
12041 BEACH BLV
SUITE 2
JACKSONVILLE, FL 32246 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: GLADYS DEL VALLE

08/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NASON, MICHAEL
Address: 2275 BASALT DR E
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Delete
Name: VIVAS NASON, AMPARO
Address: 2275 BASALT DR E
City-St-Zip: JACKSONVILLE, FL 32246

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: MICHAEL NASON

MGR

08/21/2006

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