

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000045902**

1. Entity Name  
**AM-ONEBAYSHORE, LLC**



**AM ONEBAYSHORE, LLC**

Principal Place of Business

6444 2ND PALM POINT  
ST. PETERSBURG BEACH, FL 33736 US

Mailing Address

6444 2ND PALM POINT  
ST. PETERSBURG BEACH, FL 33736 US



01082007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2888284**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANKEL, ALAN H  
6444 2ND PALM POINT  
ST. PETERSBURG BEACH, FL 33736

**DO NOT WRITE  
IN THIS SPACE**

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

*Alan H Frankel*

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

(NOTE: Registered Agent signature required when reinstating)

**1-7-07**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
AM INVESTMENT STRATEGIES, LLC  
6444 2ND PALM POINT  
ST. PETERSBURG BEACH, FL 33736

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FRANKEL, ALAN H  
6444 2ND PALM POINT  
ST. PETERSBURG BEACH, FL 33736

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000618940  
02/08/07-80050-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Alan H Frankel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-7-07**

DATE

**727-367-1020**

Daytime Phone #