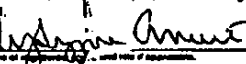
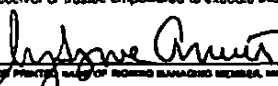


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90127 014 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |     |                                                                                |                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000047710</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |     |                                                                                |                                                                                                                                          |  |
| 1. Entity Name<br><b>M.L. AMENT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |     |                                                                                |                                                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>165 INDIAN COVE LANE<br/>PONTE VEDRA BEACH, FL 32082</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |     | Mailing Address<br><b>165 INDIAN COVE LANE<br/>PONTE VEDRA BEACH, FL 32082</b> |                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |     | 3. Mailing Address                                                             |                                                                                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |     | Suite, Apt. #, etc.                                                            |                                                                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |     | City & State                                                                   |                                                                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                         | Zip | Country                                                                        | 4. FEI Number<br><b>20-2840077</b>                                                                                                                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |     |                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>PATTERSON, BOND &amp; LATSHAW, P.A.<br/>3010 SOUTH THIRD STREET<br/>JACKSONVILLE BEACH, FL 32250</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |     |                                                                                | 7. Name and Address of New Registered Agent<br>Name <b>MARY LYNN AMENT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>165 INDIAN COVE LANE</b><br>City <b>PONTE VEDRA BEACH</b> FL Zip Code <b>32082</b> |  |
| 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 lender with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                              |                                                                                                                 |     |                                                                                |                                                                                                                                                                                                                           |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |     |                                                                                | DATE <b>5.15.06</b>                                                                                                                                                                                                       |  |
| Filing Fee is \$30.00<br>Due by September 6, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |     |                                                                                | Make check payable to<br>Florida Department of State                                                                                                                                                                      |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |     | 10. ADDITIONS/CHANGES                                                          |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>AMENT, MARY LYNN<br>165 INDIAN COVE LANE<br>PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                 |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                 |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                 |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                 |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                 |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                         |  |
| 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 606, Florida Statutes. |                                                                                                                 |     |                                                                                |                                                                                                                                                                                                                           |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |     |                                                                                | DATE <b>5.15.06</b> 9045430059                                                                                                                                                                                            |  |