2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT/# L'05000049886

1. Entity Name AMPIN LLC



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

925 FEDERAL HWY STE 425 BOCA RATON, FL 33432 Mailing Address

925 FEDERAL HWY STE 425 BOCA RATON, FL 33432



02062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

SHAPIRO, MICHAEL B C/O SHAPRIO, BLASI & WASSERMAN, P.A. 7777 GLADES ROAD, SUITE 110 BOCA RATON, FL 33434 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.	
S	SNATI IRE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LEVIN, STEVEN
STREET ADDRESS	925 FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	KLEIER, GEORGE W III
STREET ADDRESS	925 FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL 33432
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	
	·

000000647153 03/06/07-80061-001 50:00

DATE

DO NOT WRITE IN THIS SPACE

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 eighature 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

Steven Levin, Managing Member

2114107

(561) 948-7100

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

Date

Daytime Phone #