

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055357

Entity Name: AMADOR HOLDINGS LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

301 SW 158 TERRACE
201
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

301 SW 158 TERRACE
201
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMADOR, MARK R
301 SW 158 TER
201
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMADOR, ROLANDO
Address: 301 SW 158 TERRACE #201
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Delete
Name: AMADOR, MARK R
Address: 301 SW 158 TERRACE #201
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Delete
Name: DAIGLE, TANYA
Address: 2260 FIRST STREET
City-St-Zip: FORT MYERS, FL 33908 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DAIGLE, TANYA
Address: 2260 FIRST STREET #212
City-St-Zip: FORT MYERS, FL 33908 US

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: MARK AMADOR

MGRM

04/17/2006

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