


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90052 005 ****50.00

DOCUMENT # L05000058215 1. Entity Name AMPG VEHICLE FUNDING LLC					
Principal Place of Business 1900 N ATLANTIC BLVD., UNIT #2 FORT LAUDERDALE, FL 33305			Mailing Address 1900 N ATLANTIC BLVD., UNIT #2 FORT LAUDERDALE, FL 33305		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 38-346-7147	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHUSTER, EUGENE I 1900 N. ATLANTIC BLVD., UNIT #2 FORT LAUDERDALE, FL 33305				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUSTER, EUGENE I 1900 N ATLANTIC BLVD., UNIT #2 FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 608, Florida Statutes.					
SIGNATURE: <u>Eugene I Schuster President 8-24-06 248-232-3100</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

40102023



08242006 Chg-LLC CR2E083 (11/05)

38-346-7147

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code

**Filing Fee Is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUSTER, EUGENE I 1900 N ATLANTIC BLVD., UNIT #2 FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

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SIGNATURE: Eugene I Schuster President 8-24-06 248-232-3100

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

Date

Daytime Phone #