2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L05000066448

Entity Name: AMS GROUP, L.L.C.

Current Principal Place of Business:

416 3RD AVENUE NORTH
LAKE WORTH, FL 33460

New Principal Place of Business:

5380 NORTH OCEAN DRIVE
#19-I
SINGER ISLAND, FL 33404

Current Mailing Address:

416 3RD AVENUE NORTH
LAKE WORTH, FL 33460

New Mailing Address:

20 CROSSROADS DRIVE
SUITE 215
OWINGS MILLS, MD 21117

FEI Number: 20-2942690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTRELLA, SUSAN
416 3RD AVENUE NORTH
LAKE WORTH, FL 33460 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: MGRM ( ) Delete
Name: ROSENBERG, KEITH A
Address: 7508 WISCONSIN AVE
City-St-Zip: BETHESDA, MD 20814

Title: MGR ( ) Delete
Name: ESTRELLA, SUSAN
Address: 416 3RD AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: HANKOFF, STEVEN A
Address: 20 CROSSRADS DRIVE, SUITE 215
City-St-Zip: OWINGS MILLS, MD 21117

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN A. HANKOFF MGR 01/15/2009

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