2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000066532

1. Entity Name AME, LLC



Principal Place of Business

1874 S.W. ST. ANDREWS DR. PALM CITY, FL 34990

Mailing Address

2740 S.W. MARTIN DOWNS BLVD. #318

PALM CITY, FL 34990

FILED Apr 10, 2008 08:00 A Secretary of State



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02152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4285584

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

SADER, MARIANNE 1874 S.W. ST. ANDREWS DR. PALM CITY, FL 34990

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The above named entity submits this statement for the purpose of changing the obligations of registered agent.	Its registered office or registered agent, or both, in	the State of Florida.	I am famillar with, and accept
GIOVATURG			

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/22/08-80107-007 138.75

PILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SADER, ALI 1874 S.W. ST. ANDREWS DR. PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SADER, MARIANNE 1874 S.W. ST. ANDREWS DR. PALM CITY, FL 34990	
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TITLE NAME STREET ADDRESS		

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 from and accurate and that my signature chall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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