
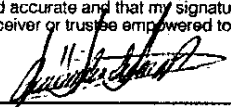


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90285 007 \*\*\*\*50.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L05000085853</b><br>1. Entity Name<br><b>AMAO LLC</b>  |  |   |   |                                      |  |
| Principal Place of Business<br><b>19384 SW 60 COURT<br/>SOUTHWEST RANCHES, FL 33026</b>  |  |   | Mailing Address<br><b>19384 SW 60 COURT<br/>SOUTHWEST RANCHES, FL 33026</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |   |  |
| City & State   |  | City & State                                  |   |   |  |
| Zip  | Country  | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SOSA, ARTURO<br/>19384 SW 60 COURT<br/>SOUTHWEST RANCHES, FL 33026</b>   |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.  |  |   |   | 4. FEI Number<br><b>20-3387945</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |   | Applied For<br>Not Applicable   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>OSORIO, MARTHA<br>19384 SW 60TH COURT<br>SOUTHWEST RANCHES, FL 33332 |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>SOSA, ARTURO<br>19384 SW 60TH COURT<br>SOUTHWEST RANCHES, FL 33332   |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>SOSA, ALICIA<br>1631 NW 113 AVE<br>PEMBROKE PINES, FL 33026          |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>RODRIGUEZ, OSCAR<br>1631 NW 113 AVE<br>PEMBROKE PINES, FL 33026      |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>RODRIGUEZ, OSCAR<br>1631 NW 113 AVE<br>PEMBROKE PINES, FL 33026      |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>RODRIGUEZ, OSCAR<br>1631 NW 113 AVE<br>PEMBROKE PINES, FL 33026      |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>RODRIGUEZ, OSCAR<br>1631 NW 113 AVE<br>PEMBROKE PINES, FL 33026      |   |   |   |  |
| 10. ADDITIONS/CHANGES  |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |   |   |  |
| 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 606, Florida Statutes. |  |   |   |   |  |
| SIGNATURE:    |  |   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   |   |   |  |
| Date: <b>03-16-06</b> Daytime Phone #: <b>954-6689036</b>  |  |   |   |   |  |