


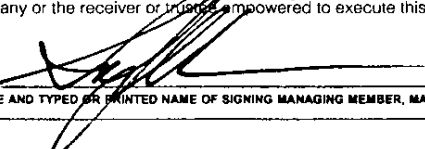
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90046 046 ****50.00

DOCUMENT # L05000087639 1. Entity Name AMSA II, LLC						
Principal Place of Business 2683 ST. JOHNS BLUFF RD. S. 155 JACKSONVILLE, FL 32246 US			Mailing Address 2683 ST. JOHNS BLUFF RD. S. 155 JACKSONVILLE, FL 32246 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
LIPPES, HAROLD 2683 ST. JOHNS BLUFF RD. S. 155 JACKSONVILLE, FL 32246				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City FL Zip Code		
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.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and one if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SABET, AMIR M			NAME		
STREET ADDRESS	43 S. ROSCOE BLVD.			STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANSOURI, SAFA			NAME		
STREET ADDRESS	85 NICOLE LANE			STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
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 608, Florida Statutes.

SIGNATURE: 

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

4/16/06

Date

904-642-2603

Daytime Phone #