

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087639

Entity Name: AMSA II, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

2683 ST. JOHNS BLUFF RD. S.
155
JACKSONVILLE, FL 32246 US

Current Mailing Address:

2683 ST. JOHNS BLUFF RD. S.
155
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

2804 ST. JOHNS BLUFF RD. S.
200
JACKSONVILLE, FL 32246 US

New Mailing Address:

2804 ST. JOHNS BLUFF RD. S.
200
JACKSONVILLE, FL 32246 US

FEI Number: 20-3426050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPPES, HAROLD
2683 ST. JOHNS BLUFF RD. S.
155
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

LIPPES, HAROLD
2804 ST. JOHNS BLUFF RD. S.
200
JACKSONVILLE, FL 32246 US

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:

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SABET, AMIR M
Address: 43 S. ROSCOE BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: MANSOURI, SAFA
Address: 85 NICOLE LANE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

ADDITIONS/CHANGES:

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

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

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: AMIR M SABET

MGRM

04/27/2007

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