2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000087639

Entity Name: AMSA II, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

MANSOURI, SAFA
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: SAFA MANSOURI 04/30/2008
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 (X) Delete
Name: MANSOURI, SAFA
Address: 85 NICOLE LANE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: 1776 PARTNERS, LTD.,
Address: 18 EAST 50TH STREET, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10022 US

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: PETER SCHACK MGR 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date