2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107278

Entity Name: AME-MATEO, LLC

Name:

Address:

City-St-Zip:

7326 N KEYSTONE AVENUE

LINCOLNWOOD, IL 60712

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1501 US HWY 441 N 1208 THE VILLAGES, FL 32159 **New Mailing Address: Current Mailing Address:** 1501 US HWY 441 N 1208 THE VILLAGES, FL 32159 FEI Number: 20-3744301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALINGIT, CHUCHI 1501 US HWY N 1208 THE VILLAGES, FL 32159 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete S & C BALINGIT, LLC, Name: Name: Address: 1501 US HWY 441 N SUITE 1208 Address: City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: Title: MEM (X) Delete Title: () Change () Addition Name: ALI, LUCILLE Name: Address: 7326 N KEYSTONE AVE. Address: City-St-Zip: LINCOLNWOOD, IL 60712 City-St-Zip: Title: MEM (X) Delete Title: () Change () Addition ALI, MIR SADAT Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: CHUCHI BALINGIT **MGRM** 03/15/2007