
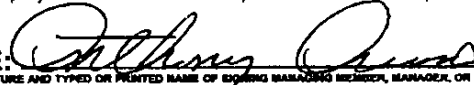


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

4. Apr 30, 2007 8:00 am
Secretary of State

04-12-2007 90184 050 ****50.00

DOCUMENT # L05000117777			
1. Entity Name A&M ACQUISITIONS, LLC			
Principal Place of Business 3750 PROSPECT AVE. RIVIERA BEACH, FL 33404		Mailing Address 3750 PROSPECT AVE. RIVIERA BEACH, FL 33404	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 74-320058		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHROEDER, SCOTT ESQ. 3300 PGA BLVD. SUITE 500 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANIANO, ANTHONY 3750 PROSPECT AVE. RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		01-08-07 561-863-7704	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT

mailed 02-15-06
to: Internal Revenue Service Center
Atlanta, GA 39901

36006156

#L05000117777

Form **SS-4**

Application for Employer Identification Number

OMB No. 1545-0003

(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

► See separate instructions for each line. ► Keep a copy for your records.

74-320 3058

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per miss
Williams
01-30-07 @ 2PM
10* 2811688

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested. A * m Acquisitions, LLC		
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, (care of) name Scott Scharf	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 3300 PGA Blvd., Suite 500	5a Street address (if different) (Do not enter a P.O. box.) SAME	
	4b City, state, and ZIP code Palm Beach Gardens, FL 33410	5b City, state, and ZIP code	
	6 County and state where principal business is located Palm Beach County, Florida		
	7a Name of principal officer, general partner, grantor, owner, or trustee Anthony Aniano	7b SSN, ITIN, or EIN 134-42-7286	
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ► _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input checked="" type="checkbox"/> Other (specify) ► LLC			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ► _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida Foreign country _____	
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ► Real Estate <input type="checkbox"/> Banking purpose (specify purpose) ► _____ <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Created a pension plan (specify type) ► _____ <input type="checkbox"/> Other (specify) ► _____			
10 Date business started or acquired (month, day, year). See instructions. 12-09-2005 02-15-06		11 Closing month of accounting year December	
12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) _____			
13 Highest number of employees expected in the next 12 months (enter -0- if none). 0			
Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)			
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Build new building / Real Estate Ownership			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Note. If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ► _____ Trade name ► _____			
16c Approximate date when, and city and state where, the application was filed: Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ()
	Address and ZIP code		Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) (561) 662-3671
Name and title (type or print clearly) ► Anthony Aniano, Owner			Applicant's fax number (include area code) (561) 744-0699
Signature ► Anthony Aniano			Date ► 02-14-06