

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000123403

1. Entity Name
AMS DEVELOPMENT VENTURES LLC



Principal Place of Business
**18911 COLLINS AVENUE
#1606
SUNNY ISLES BEACH, FL 33160 US**

Mailing Address
**18911 COLLINS AVENUE
#1606
SUNNY ISLES BEACH, FL 33160 US**



04172007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2094150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATSABANIS, ALEXANDER N
18911 COLLINS AVENUE
#1606
SUNNY ISLES BEACH, FL FL**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000719416
05/01/07-80062-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KATSABANIS, ALEXANDER N
18911 COLLINS AVENUE #1606
SUNNY ISLES BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KATSABANIS, MARIA D DR
18911 COLLINS AVENUE #1606
SUNNY ISLES BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SACKS, SIDNEY DR.
19531 PRESIDENTIAL WAY
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____