


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90069 011 \*\*\*\*50.00

**DOCUMENT # L06000000230**  
 1. Entity Name  
**A.M.P'S DESIGN & DEVELOPMENT, LLC**



Principal Place of Business      Mailing Address  
 1820 FLORIDA CLUB DRIVE      1820 FLORIDA CLUB DRIVE  
~~UNITE 2106~~      ~~UNITE 2106~~  
 NAPLES FL 34112      NAPLES FL 34112



2. Principal Place of Business      3. Mailing Address  
*1820 Florida Club Drive - Same*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*# 2106*      *same*  
 City & State      City & State  
*Naples, FL*      *same*  
 Zip      Country  
*34112*      *USA*      *same*      *USA*

1st MOORE      CR2E083 (10/05)

6. Name and Address of Current Registered Agent  
**AGENTS AND CORPORATIONS, INC.**  
**SUITE E, 773 4TH AVE. NORTH**  
**NAPLES FL 34102**

4. FEI Number: **01-0855254**      Applied For:  Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGLIARINI, ANGELA M 1820 FLORIDA CLUB DRIVE NAPLES FL 34112 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGLIARINI, ANGELA M. 1820 FLORIDA CLUB DRIVE # 2106 NAPLES, FL 34112 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 Section 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: *(MGR) A.M. Pagliarini*      Date: *4-10-06*      Daytime Phone: *(239) 725-3410*