## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L06000014480

FILED Mar 13, 2007 Secretary of State

Entity Name: AMONET PROPERTY SERVICES LLC

**Current Principal Place of Business: New Principal Place of Business:** 606 BIRKDALE STREET DAVENPORT, FL 33897 US **Current Mailing Address: New Mailing Address:** 606 BIRKDALE STREET DAVENPORT, FL 33897 US FEI Number: 20-4383328 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMONET HEALTHCARE INTERNATIONAL INC. 3434 KNIGHT STATION ROAD LAKELAND, FL 33810 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 AKINOLA, AMOS Name: Name: 606 BIRKDALE STREET Address: Address: City-St-Zip: DAVENPORT, FL 33897 US City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition AKINOLA, JANET Name: Name: Address: 606 BIRKDALE STREET Address: City-St-Zip: DAVENPORT, FL 33897 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition GIBBONS, OLUWAYEMISI Name: Name: 22 IBBETSON PATH, LOUGHTON Address: Address: City-St-Zip: ESSEX,, UK IG102AS UK City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: GIBBONS, PAUL Name: Address: 22 IBBETSON PATH, LOUGHTON Address: City-St-Zip: ESSEX,, UK IG102AS UK City-St-Zip: Title: MGR () Delete Title: () Change () Addition OKUBANJO, ABIOLA Name: Name: 36 DICKENS RISE, CHIGWELL Address: Address: City-St-Zip: ESSEX, UK IG76NY UK City-St-Zip: Title: ( ) Delete Title: () Change () Addition OKUBANJO, ADEWALE Name: Name: Address: 36 DICKENS RISE, CHIGWELL Address: ESSEX, UK IG76NY City-St-Zip: City-St-Zip:

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.

SIGNATURE: AMOS AKINOLA MGRM 03/13/2007