

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000030018

Entity Name: AMD SUPPLY, LLC

FILED
May 24, 2007
Secretary of State

Current Principal Place of Business:

11250 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

11250 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 20-4676708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAM, CHAN S
19322 SW 11 CT
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: LAM, CHAN S
Address: 19322 SW 17 CT
City-St-Zip: MIRAMAR, FL 33028

Title: MGR () Delete
Name: COOPER, MICHAEL P
Address: 11681 SW 3RD ST
City-St-Zip: PLANTATION, FL 33325

Title: MGR (X) Delete
Name: DEAN, AMOS
Address: 1484 NW 129 WAY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAM, CHUN S
Address: 19322 SW 17 CT
City-St-Zip: MIRAMAR, FL 33028

Title: MGR (X) Change () Addition
Name: DEAN, AMOS
Address: 1484 NW 129 WAY
City-St-Zip: SUNRISE, FL 33323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHUN SING LAM

MGR

05/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date