


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90196 046 ****50.00

DOCUMENT # L06000041977 1. Entity Name AMGER REALTY, LLC					
Principal Place of Business 4916 SW 11TH AVENUE CAPE CORAL, FL 33914			Mailing Address 4916 SW 11TH AVENUE CAPE CORAL, FL 33914		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1221 SW 10th Ter</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Cape Coral, FL</i>			
Zip	Country	Zip <i>33991</i>	Country <i>U.S.A</i>	4. FEI Number <i>20-4741844</i>	
5. Certificate of Status Desired <input type="checkbox"/>				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 PETER J. JAENSCH IMMIGRATION LAW FIRM, PA 2198 MAIN STREET SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name <i>Oliver Huttner</i> Street Address (P.O. Box Number is Not Acceptable) <i>1221 SW 10th Ter</i> City <i>Cape Coral</i> FL Zip Code <i>33991</i>		
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 <i>Oliver Huttner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>2-14-07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 MAAG, RENATE 4916 SW 11TH AVENUE CAPE CORAL, FL 33914		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, SARAH J 4916 SW 11TH AVENUE CAPE CORAL, FL 33914		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <i>Renate Maag</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>2-14-07</i> <small>Daytime Phone #</small>		