2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046002

Entity Name: AMC INSTITUTE, LLC

FILED Sep 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5750 MAJOR BLVD 614 E HWY 50 SUITE 510 235

ORLANDO, FL 32819 CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

5750 MAJOR BLVD 614 E HWY 50

SUITE 510 235

ORLANDO, FL 32819 CLERMONT, FL 34711

FEI Number: 01-0864259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POWELL, BENNY R
362 BURLEIGH STREET
614 E HWY 50
4235

ORLANDO, FL FL US #235 CLERMONT, FL FL US

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: BENNY R POWELL 09/07/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 Name:
 POWELL, BENNY R
 Name:
 POWELL, BENNY R

 Address:
 362 BURLEIGH STREET
 Address:
 614 E HWY 50 #235

 City-St-Zip:
 ORLANDO, FL 32819 US
 City-St-Zip:
 CLERMONT, FL 34711 US

Title: CFO (X) Delete Title: () Change () Addition

 Name:
 CAUSEY, DUSTIN
 Name:

 Address:
 7302 FORESTWOOD CT
 Address:

 City-St-Zip:
 ORLANDO, FL 32835 US
 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: BENNY R POWELL CEO 09/07/2007