

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053950

**FILED**  
**Feb 26, 2008**  
**Secretary of State**

**Entity Name:** AMDM LLC

**Current Principal Place of Business:**

3653 REGENT BOULEVARD, SUITE 401  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

3653 REGENT BOULEVARD, SUITE 401  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 20-5103142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TULLIS, GARY B ESQ  
8825 PERIMETER PARK BLVD., STE 102  
JACKSONVILLE, FL 32216 US

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

TULLIS, GARY B ESQ  
8709 HUNTERS CREEK DR. SOUTH  
JACKSONVILLE, FL 32256 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:

02/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SYPNIEWSKI, DAVID  
Address: 3653 REGENT BOULEVARD, SUITE 401  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR ( ) Delete  
Name: SYPNIEWSKI, MARIANNE  
Address: 3653 REGENT BOULEVARD, SUITE 401  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

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

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: DAVID SYPNIEWSKI

MGR

02/26/2008

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