

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000105857

1. Entity Name  
AMPROP GENERAL INVESTMENTS, LLC



Principal Place of Business  
12950 RACE TRACK ROAD  
SUITE 201  
TAMPA, FL 33626 US

Mailing Address  
12950 RACE TRACK ROAD  
SUITE 201  
TAMPA, FL 33626 US

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**



03242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5803601

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHOESSLER, ERIC A  
12950 RACE TRACK ROAD  
SUITE 201  
TAMPA, FL 33626

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000991629  
04/23/08-R0033-003 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SCHOESSLER, ERIC A
STREET ADDRESS	12950 RACE TRACK ROAD, SUITE 201
CITY-ST-ZIP	TAMPA, FL 33626

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #