2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L06000107370

Entity Name: ANM PROPERTIES, LLC

Current Principal Place of Business:

2215 NEBRASKA AVE STE 2E
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2215 NEBRASKA AVE STE 2E
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-8827932 **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:

BRENNAN MANNA & DIAMOND PL
76 SOUTH LAURA STREET
STE 2110
JACKSONVILLE, FL 32202 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:	MGRM	( ) Delete
Name:	RASHID, AHMAD MANAGER	
Address:	2215 NEBRASKA AVE STE 2E	
City-St-Zip:	FT PIERCE, FL 34950	
Title:	DR.	( ) Delete
Name:	RASHID, AHMAD MGRM	
Address:	2215 NEBRASKA AVENUE, SUITE 2E	
City-St-Zip:	FT. PIERCE, FL 34950	
Title:	MRS.	( ) Delete
Name:	RASHID, NUZHAT MEMBER	
Address:	2215 NEBRASKA AVENUE, SUITE 2E	
City-St-Zip:	FT. PIERCE, FL 34950	
Title:	MRS.	( ) Delete
Name:	SHAREEF, MEHR MEMBER	
Address:	2215 NEBRASKA AVENUE, SUITE 2E	
City-St-Zip:	FT. PIERCE, FL 34950	
Title:	DR.	( ) Delete
Name:	SHAREEF, BABAR MEMBER	
Address:	2215 NEBRASKA AVENUE, SUITE 2E	
City-St-Zip:	FT. PIERCE, FL 34950	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: AHMAD RASHID PRES 05/06/2008

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