

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102447

FILED
Jul 02, 2008
Secretary of State

Entity Name: AMECO PROPERTIES, LLC

Current Principal Place of Business:

4755 TECHNOLOGY WAY SUITE #208
BOCA RATON, FL 33487

New Principal Place of Business:

4755 TECHNOLOGY WAY SUITE #208
BOCA RATON, FL 33431

Current Mailing Address:

4755 TECHNOLOGY WAY SUITE #208
BOCA RATON, FL 33487

New Mailing Address:

4755 TECHNOLOGY WAY SUITE #208
BOCA RATON, FL 33431

FEI Number: 26-1289395 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:

NEWMAN, THOMAS L
1877 SOUTH FEDERAL HIGHWAY
BOCA RATON, FL 33432 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: MCCALL, HOWARD E JR
Address: 485 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: MCCALL, PATRICIA F
Address: 485 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

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: HOWARD E. MCCALL, JR.

MGRM

07/02/2008

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