2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) (corporate)

FILED
Aug 04, 2006 8:00 am
Secretary of State
08-04-2006 90086 001 ***150.00

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1. Entity Name

A.M.A. LAND MANAGEMENT, L.CORPOR

Principal Place of Business	Mailing Address
13755 OVERSEAS HIGHWAY MARATHON FL 33050	12864 BISCAYNE BLVD. PMB #330 N. MIAMI BEACH FL 33181-2007

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0880086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAISMAN, SVETLANA 12864 BYSCAINE BLVD #330 MIAMI FL 33187	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VAISMAN, SVETLANA 13755 OVERSEAS HIGHWAY MARATHON FL 33050	☐ Delete	MGRM FERT TRUST FOR MINOR MGR. VAISMAN'S 12864 BISCAYNE BLV # 330 MIAMI, FL. 33187	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VAISMAN, DAVID 13755 OVERSEAS HIGHWAY MARATHON FL 33050	☐ Delete	MGRM Father & Son Ventura / VAISMANS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VAISMAN, MIKE 13864 BYSCAINE BLVD #330 MIAMI FL 33187	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 7-10-06

MANAGING MEMBER OR MANAGER OR AUTHORIZED REPRESENTATIVE Date