2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002487

1. Entity Name
A & M RESORTS, L.L.C.

Principal Place of Business	Mailing Address
4644 EL MAR DRIVE LAUDERDALE BY THE SEA, FL 33308	4644 EL MAR DRIVE LAUDERDALE BY THE SEA, FL 33308

02112004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0914315
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WICH, THOMAS M ESQ
WICH WICH & WICH, P.A.
2400 E. COMMERCIAL BLVD., SUITE 620
FT LAUDERDALE, FL 33308

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000089980
03/15/04-80012-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ABAZOVIC, AHMET
STREET ADDRESS	6836 NORTH LAMON AVENUE
CITY-ST-ZIP	SKOKIE, IL 60077
TITLE	MGRM
NAME	ABAZOVIC, MERA
STREET ADDRESS	6836 NORTH LAMON AVENUE
CITY-ST-ZIP	SKOKIE, IL 60077
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 3/9/04 847-477 6838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #