2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 12, 2005 08:00 AM **DOCUMENT # L99000002487 Secretary of State** 1. Entity Name A & M RESORTS, L.L.C. Principal Place of Business Mailing Address 4644 EL MAR DRIVE 4644 EL MAR DRIVE LAUDERDALE BY THE SEA, FL 33308 LAUDERDALE BY THE SEA, FL 33308 01102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0914315 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \$. Name and Address of Current Registered Agent WICH, THOMAS M ESQ DO NOT WRITE WICH WICH & WICH, P.A. 2400 E. COMMERCIÁL BLVD., SUITE 620 IN THIS SPACE FT LAUDERDALE, FL. 33308 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 Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS TITLE MGRM ABAZOVIC, AHMET MALUF STREET ADDRESS 6836 NORTH LAMON AVENUE CITY-ST-ZIP SKOKIE, IL 60077 MGRM TITLE 000000227517 02/12/05-80059-017 50.00 NAME ABAZOVIC, MERA STREET ADDRESS 6836 NORTH LAMON AVENUE CITY-ST-71P SKOKIE, IL 60077 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MANE STREET ADDRESS

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 inclicated 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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. owered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: \ SIGNATURE AND TIMED OR PRINTED NO

CITY-ST-ZIP

CHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE