

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000002487		
1. Entity Name A & M RESORTS, L.L.C.		

Principal Place of Business 4644 EL MAR DRIVE LAUDERDALE BY THE SEA FL 33308	Mailing Address 4644 EL MAR DRIVE LAUDERDALE BY THE SEA FL 33308
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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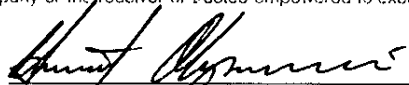
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's name must be printed with the signature) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABAZOVIC, AHMET 6836 NORTH LAMON AVENUE SKOKIE IL 60077 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000913629 ☐ Change ☐ Addition 05/08/08-80022-024 143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABAZOVIC, MERA 6836 NORTH LAMON AVENUE SKOKIE IL 60077 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  4/22/08 954-771-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE