2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L99000009384

Entity Name: AMRICH, L.L.C.

Current Principal Place of Business:

1809 PRECIOUS CIR.
APOPKA, FL 32712

New Principal Place of Business:

36606 MENOMINEE LANE
EUSTIS, FL 32736

Current Mailing Address:

1809 PRECIOUS CIR.
APOPKA, FL 32712

New Mailing Address:

36606 MENOMINEE LANE
EUSTIS, FL 32736

FEI Number: 59-3613959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORENSON, RICHARD A
1809 PRECIOUS CIR.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

SORENSON, RICHARD A
36606 MENOMINEE LANE
EUSTIS, FL 32736 US

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: RICHARD A SORENSON 04/28/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SORENSON, RICHARD A
Address: 1809 PRECIOUS CIR.
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete
Name: SORENSON, ANNAMAY
Address: 1809 PRECIOUS CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SORENSON, RICHARD A
Address: 36606 MENOMINEE LANE
City-St-Zip: EUSTIS, FL 32712

Title: MGRM (X) Change ( ) Addition
Name: SORENSON, ANNAMAY
Address: 36606 MENOMINEE LANE
City-St-Zip: EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD A SORENSON MGR 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date