

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000145

1. Entity Name

AMS MANAGEMENT, L.L.C.



Principal Place of Business

600 EAST LAS COLINAS BLVD., SUITE 400
LEGAL DEPARTMENT
IRVING, TX 75039

Mailing Address

600 EAST LAS COLINAS BLVD., SUITE 400
LEGAL DEPARTMENT
IRVING, TX 75039

FILED

2005 MAY -6 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02112005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

75-2853957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WXI/MCN REALTY, LLC
600 E. LAS COLINAS BLVD., SUITE 400
IRVING, TX 75039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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06/06/05--01002--006 **5067.50

**DO NOT WRITE
IN THIS SPACE**

\$50.00

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]*

Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #