


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90415 035 \*\*\*\*55.00

<b>DOCUMENT #</b> M00000001197	
<b>1. Entity Name</b> AMNET US, L.L.C.	

<b>Principal Place of Business</b> 12410 NW 39TH ST CORAL SPRINGS, FL 33065	<b>Mailing Address</b> 12410 NW 39TH ST CORAL SPRINGS, FL 33065
---	---

24044366

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 4343 Commerce Ct. Suite/Apt. #, etc. 610
Suite/Apt. #, etc.	Suite/Apt. #, etc. 610

<b>City &amp; State</b>	<b>City &amp; State</b> Lisle, IL
<b>Zip</b>	<b>Country</b> USA
<b>Zip</b> 60532	<b>Country</b> USA



04062004 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 36-4233625	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b> KAZMA, MICHAEL D 12410 NW 39TH STREET CORAL SPRINGS, FL 33065	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

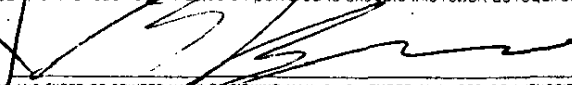
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
---	-------------

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR KAZMA, MICHAEL D 12410 NW 39TH STREET CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR KAZMA, GERALD J 4343 COMMERCE COURT, #621 LISLE, IL 60532 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #610
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>Date</b> 954-323-0624
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>	<b>Daytime Phone #</b>