


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002705</b>		
1. Entity Name <b>A.M.F. CAPITAL, LLC</b>		

Principal Place of Business <b>99 WOODBURY ROAD HICKSVILLE NY 11801</b>	Mailing Address <b>99 WOODBURY ROAD HICKSVILLE NY 11801</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number <b>81-0559929</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MARIN, JOHN 90 ISLAND ESTATES PARKWAY PALM COAST FL 32135</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 reappointing)	DATE
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPPOLIS, ALLAN A			NAME			
STREET ADDRESS	6 GREENBRIAR LANE			STREET ADDRESS			
CITY-ST-ZIP	DIX HILLS NY 11746			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANZARO, THOMAS G			NAME			
STREET ADDRESS	124 ISLAND ESTATES PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL 32137			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAPIRO, STANLEY			NAME			
STREET ADDRESS	2 RAWLINGS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MELVILLE NY 11747			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARIN, JOHN			NAME			
STREET ADDRESS	1 WRIGHT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DIX HILLS NY 11746			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEIN, HOWARD J			NAME			
STREET ADDRESS	10 WINDERMERE WAY			STREET ADDRESS			
CITY-ST-ZIP	WOODBURY NY 11796			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AZUS, SAMUEL J			NAME			
STREET ADDRESS	2767 MAE COURT			STREET ADDRESS			
CITY-ST-ZIP	BELLMORE NY 11710			CITY-ST-ZIP			

U000000487493  
04/13/06-80078-017 50.00

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** 

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

3/27/06

Daytime Phone #