2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# M02000002705

Entity Name: A.M.F. CAPITAL, LLC

Current Principal Place of Business:

99 WOODBURY ROAD
HICKSVILLE, NY 11801

New Principal Place of Business:

Current Mailing Address:

99 WOODBURY ROAD
HICKSVILLE, NY 11801

New Mailing Address:

FEI Number: 81-0559929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARIN, JOHN
90 ISLAND ESTATES PARKWAY
PALM COAST, FL 32135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LIPPOLIS, ALLAN A	
Address:	6 GREENBRIAR LANE	
City-St-Zip:	DIX HILLS, NY 11746	
Title:	MGRM	( ) Delete
Name:	LANZARO, THOMAS G	
Address:	124 ISLAND ESTATES PARKWAY	
City-St-Zip:	PALM COAST, FL 32137	
Title:	MGRM	( ) Delete
Name:	SHAPIRO, STANLEY	
Address:	2 RAWLINGS DRIVE	
City-St-Zip:	MELVILLE, NY 11747	
Title:	MGRM	( ) Delete
Name:	MARIN, JOHN	
Address:	1 WRIGHT DRIVE	
City-St-Zip:	DIX HILLS, NY 11746	
Title:	MGRM	( ) Delete
Name:	FEIN, HOWARD J	
Address:	10 WINDERMERE WAY	
City-St-Zip:	WOODBURY, NY 11796	
Title:	MGRM	( ) Delete
Name:	AZUS, SAMUEL J	
Address:	2767 MAE COURT	
City-St-Zip:	BELLMORE, NY 11710	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	MARIN, JOHN	
Address:	P.O. BOX 354949	
City-St-Zip:	PALM COAST, FL 32135-494	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: JOHN MARIN MGRM 05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date