2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TIPED OR PE

FILED Apr 19, 2004 08:00 AM Secretary of State

206-215-9700

Daytime Phone #

Date

ANNUAL REPORT				, Secretary of State	
DOCUMENT # M0300001319 1. Entity Name					<i>y</i>
AMERICA	AN MANAGEMENT SERVICE	ES LLC			
Principal Plac	ce of Business	Mailing Address			
2801 ALASKAN WAY, SUITE 200 2801 ALASKAN WAY, SUITE 20 SEATTLE, WA 98121 SEATTLE, WA 98121			0		
DO NOT WRITE IN THIS SPA			CE		R2E083 (10/03)
				4. FEI Number 01-2194132	Applied For Not Applicable \$5.00 Additional
	C Name and Address of Comments	and head	>214.400 <u>+**</u>	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent	, . Alter	<u> </u>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET			DO NOT WRITE		
TALLAHASSEE, FL 32301-2525				IN THIS SPAC	`E
				IN THIS STAC	∕ k
8. The above the obligat	named entity submits this statement for titions of registered agent.	ne purpose of changing its registere	ed office or register	ed agent, or both, in the State of Florida. I	am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE, Registered	d Agent signature required	when re-natating) OA	īĘ.
Filing Fee is \$50.00 Due by May 1, 2004			04/19/04-80040-017 50.00		
9.	MANAGING MEMBER	S/MANAGERS	I		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRELSON, STANLEY J 2801 ALASKAN WAY, SUITE 200 SEATTLE, WA 98121				
TITLE	Our 11 1.C., 1117 30121				
NAME					
STREET ADDRESS City-ST-Zip					
TITLE			l		
NAME STREET ADDRESS					
CITY-ST-ZIP				DO NOT WRI	ΓE
TITLE		···	1	IN THIS SPAC	`F
NAME STREET ADDRESS				an iniio oi Ac	/ i
CITY-ST-ZIP					
TITLE				. =	
NAME STREET ADDRESS					
CITY-ST-ZIP				<u></u>	<u> – – – – – – – – – – – – – – – – –</u>
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP					<u> 2. 27 _ T - 220 - 7条/25 [</u>
11. I hereby of indicated	certify that the information supplied with the on this report is true and accurate and the	is filing does not qualify for the exer at my signature shall have the same	ription stated in Sec legal effect as if m	ction 119.07(3)(i), Florida Statutes. I further ade under oath; that I am a managing me ar 608, Florida Statutes.	certify that the information mber or manager of the

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE