

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000001319**

**1. Entity Name**  
**AMERICAN MANAGEMENT SERVICES LLC**



**Principal Place of Business**

**2801 ALASKAN WAY, SUITE 200  
SEATTLE, WA 98121**

**Mailing Address**

**2801 ALASKAN WAY, SUITE 200  
SEATTLE, WA 98121**



03142007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**01-2194132**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                       |                                    |
|-----------------------|------------------------------------|
| <b>TITLE</b>          | <b>MGR</b>                         |
| <b>NAME</b>           | <b>HARRELSON, STANLEY J</b>        |
| <b>STREET ADDRESS</b> | <b>2801 ALASKAN WAY, SUITE 200</b> |
| <b>CITY-ST-ZIP</b>    | <b>SEATTLE, WA 98121</b>           |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

U000000672539  
03/28/07-80073-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #