

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000494

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: AMP-HSRE I, LLC

**Current Principal Place of Business:**

3990 SHERIDAN STREET, SUITE 107  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

2315 NE 15TH STREET  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

3990 SHERIDAN STREET, SUITE 107  
HOLLYWOOD, FL 33021

**New Mailing Address:**

2315 NE 15TH STREET  
POMPANO BEACH, FL 33062

FEI Number: 26-1835855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: AMP-HSRE IA, LLC  
Address: 3990 SHERIDAN STREET, SUITE 107  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete  
Name: HSRE AMPA IA, LLC  
Address: 71 SOUTH WACKER DRIVE, SUITE 3571  
City-St-Zip: CHICAGO, IL 60606

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AMP-HSRE IA, LLC  
Address: 2315 NE 15TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062

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: AMP-HSRE IA, LLC

MGRM

04/13/2009

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