
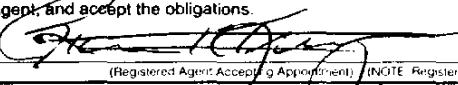
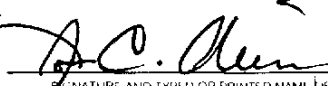


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000243 AMW-GK, L.L.C. 8555 N. RIVER ROAD, SUITE 400 INDIANAPOLIS IN 46240		FILED 99 APR 16 PM 4:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 8555 N. River Rd. Suite, Apt. #, etc. Suite 400 City & State Indianapolis, IN Zip 46240 Country US		1a. Principal Place of Business Address 8555 N. RIVER ROAD, SUITE 40 INDIANAPOLIS IN 46240	
2a. Mailing Address Same Suite, Apt. #, etc. City & State Indianapolis, IN Zip 46240 Country US		3. Date Organized or Qualified 03/12/1998 3a. State of Formation IN 4. FEI Number 35-2043008 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent STOBER, MARK W 14647 PINE GLEN CIRCLE LUTZ FL 33549		8. Name and Address of New Registered Agent/Office Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations. SIGNATURE  DATE 4/5/99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	GOODIN, JAMES A	8555 N. RIVER ROAD, SUITE	INDIANAPOLIS IN
MBR	KRAEGE, RICHARD C	8555 N. RIVER ROAD, SUITE	INDIANAPOLIS IN
MBR	ABERNATHY, JON C	8555 N. RIVER ROAD, SUITE	INDIANAPOLIS IN
MBR	WHITE, AMY L	8555 N. RIVER ROAD, SUITE	INDIANAPOLIS IN
MBR	MILLER, PATRICK L	8555 N. RIVER ROAD, SUITE	INDIANAPOLIS IN
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  JON C. ABERNATHY 2/26/99 317/843-2606 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER DP-1 Original Phone #			