



**STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE**

AZ Corp. Commission



02570707

DUE ON OR BEFORE 05/03/2008

FY07-08

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

RECEIVED

1. -1303852-7
AMARILLO CREEK COMMUNITY MASTER ASSOCIATION
 % AAM, LLC
 7740 N 16TH ST #300
 PHOENIX, AZ 85020

RECEIVED

SEP 02 2008

SEP 24 2008

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA **Type of Corporation:** NON-PROFIT

2. **Statutory Agent:** LAURA ZIFF **Physical Address, If Different.**
Mailing Address: % AAM, LLC **Physical Address:**
 7740 N 16TH ST #300 **City, State, Zip:**
City, State, Zip: PHOENIX, AZ 85020

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Reinstate	\$ _____
Expedite	\$ _____
Resubmit	\$ _____

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

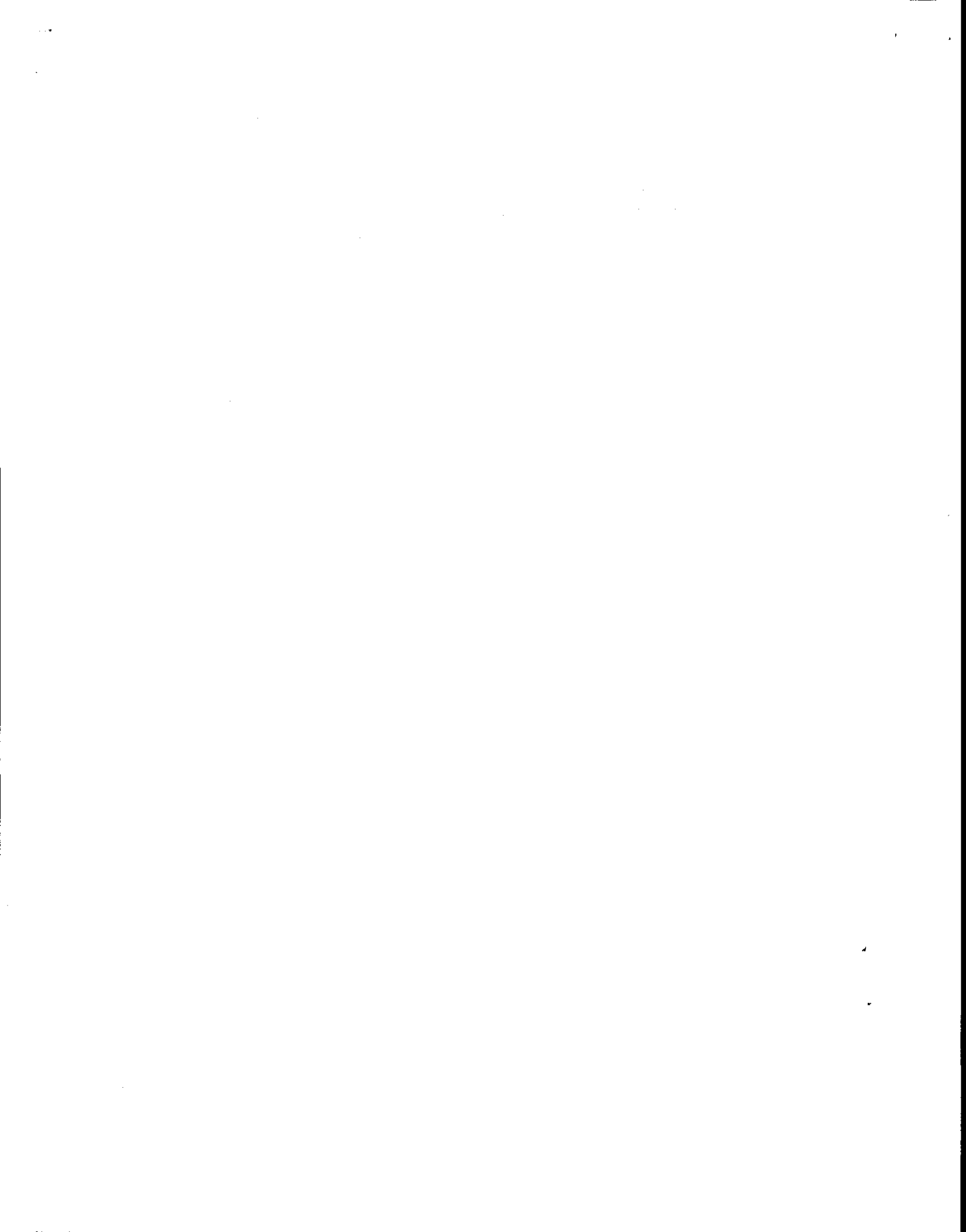
Printed Name of new Statutory Agent

3. **Secondary Address:**

(Foreign Corporations are **REQUIRED** to complete this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

- | BUSINESS CORPORATIONS | NON-PROFIT CORPORATIONS |
|--|---|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input checked="" type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 18. Insurance | |
| <input type="checkbox"/> 19. Legal Services | |
| <input type="checkbox"/> 20. Manufacturing | |
| <input type="checkbox"/> 21. Mining | |
| <input type="checkbox"/> 22. News Media | |
| <input type="checkbox"/> 23. Pharmaceutical | |
| <input type="checkbox"/> 24. Publishing/Printing | |
| <input type="checkbox"/> 25. Ranching/Livestock | |
| <input type="checkbox"/> 26. Real Estate | |
| <input type="checkbox"/> 27. Restaurant/Bar | |
| <input type="checkbox"/> 28. Retail Sales | |
| <input type="checkbox"/> 29. Science/Research | |
| <input type="checkbox"/> 30. Sports/Sporting Events | |
| <input type="checkbox"/> 31. Technology(Computers) | |
| <input type="checkbox"/> 32. Technology(General) | |
| <input type="checkbox"/> 33. Television/Radio | |
| <input type="checkbox"/> 34. Tourism/Convention Services | |
| <input type="checkbox"/> 35. Transportation | |
| <input type="checkbox"/> 36. Utilities | |
| <input type="checkbox"/> 37. Veterinary Medicine/Animal Care | |
| <input type="checkbox"/> 38. Other _____ | |



5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. **Please Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
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n/a

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
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n/a

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

NONE **Name:** _____ **Name:** _____

Name: _____ **Name:** _____

7. OFFICERS **Please Type or Print Clearly. You Must List at Least One.**

Name: Please see attached **Name:** _____

Title: _____ **Title:** _____

Address: _____ **Address:** _____

Date taking office: _____ **Date taking office:** _____

Name: _____ **Name:** _____

Title: _____ **Title:** _____

Address: _____ **Address:** _____

Date taking office: _____ **Date taking office:** _____

8. DIRECTORS **Please Type or Print Clearly. You Must List at Least One.**

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Date taking office: _____ **Date taking office:** _____

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Date taking office: _____ **Date taking office:** _____



**AMARILLO CREEK COMMUNITY
MASTER ASSOCIATION
C/O AAM, LCC
7740 N. 16TH STREET, SUITE 300
PHOENIX, AZ 85020
602-957-9191**

BOARD OF DIRECTORS

All Officers are also Directors

Phil Miller

President
7740 N. 16th Street, Suite 300
Phoenix, AZ 85020

Dan Zimmerman

Vice-President
7740 N. 16th Street, Suite 300
Phoenix, AZ 85020

Jim Pigeon

Secretary/Treasurer
7740 N. 16th Street, Suite 300
Phoenix, AZ 85020



Amarillo Creek Community Master Association.
Balance Sheet
As of 12/31/07

ASSETS

TOTAL ASSETS:

\$ _____ .00

LIABILITIES & EQUITY

CURRENT LIABILITIES:

Subtotal Current Liab.

\$ _____ .00

EQUITY:

Current Year Net Income/(Loss)

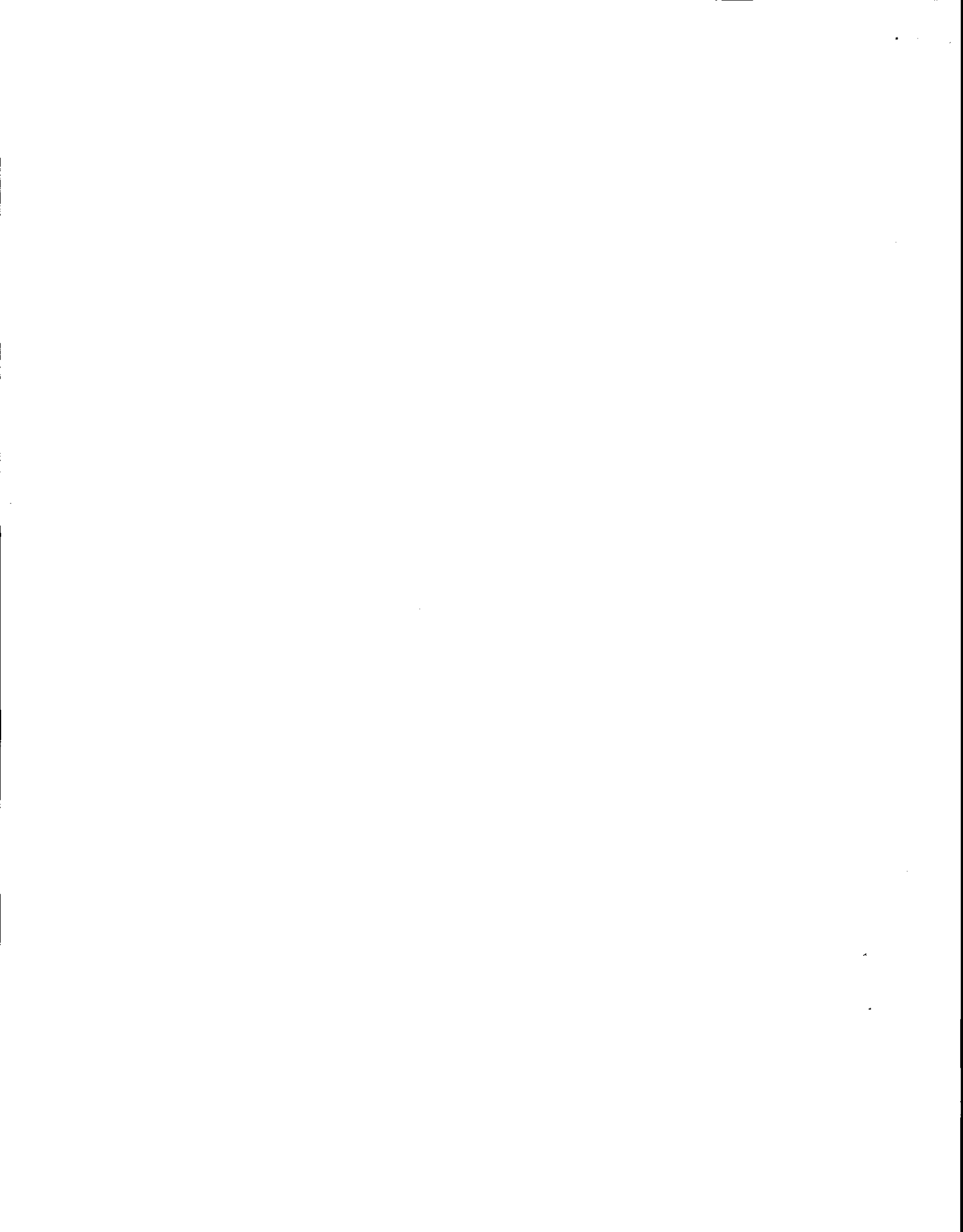
\$ _____ .00

Subtotal Equity:

\$ _____ .00

TOTAL LIABILITIES & EQUITY:

\$ _____ .00



COMMISSIONERS
MIKE GLEASON - Chairman
WILLIAM A. MUNDELL
JEFF HATCH-MILLER
KRISTIN K. MAYES
GARY PIERCE



ARIZONA CORPORATION COMMISSION

BRIAN C. MCNEIL
Executive Director

LINDA FISHER
Director, Corporations Division

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-2929

AMARILLO CREEK COMMUNITY MASTER ASSOCIATION
% AAM, LLC
7740 N 16TH ST #300

PHOENIX, AZ 85020

Effective Date: 09/04/2008
File No: -1303852-7

Original Due Date: May 3, 2008

Received: 09/02/08

We have deposited your check, however your annual report is being returned for the following reason(s):

Section 12 signature requirements are as follows:
Corporations - the signer shall be a duly authorized officer listed in section 7 on page 2. We can not accept this report unless officer signs the report and prints name, title, and the date. (Signature will not be accepted unless dated).

IMPORTANT INFORMATION

Please note: This annual report has not been approved, it is being returned to you for corrections which are listed above. If you wish to avoid additional penalties and possible administrative dissolution, this report must be returned within 30 days after the effective date of this notice to be deemed timely filed. Refer to A.R.S. 10-1622.F for more information.

To successfully process your document, it is important for you to return:

- 1) A copy of this letter.
- 2) All annual report(s) which accompanied this letter (with corrections made).
- 3) Filing fee, penalties, or reinstatement fee if due.
- 4) Additional forms if required, like the Affidavit of Publication.

AR: 0021
REV. 03/2008



9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** **DOES NOT** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to business corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

YES NO

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box must be marked:

YES NO

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

One box must be marked:

YES NO

[Underlined portion pertains to business corporations only]

If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name _____ Date _____ Name Philip A Miller Date 8/13/03
 Signature _____ Signature [Handwritten Signature]
 Title _____ Title President

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

