2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000005503 ADVANCED MOBILE TECHNOLOGY, LLC Mailing Address Principal Place of Business



FILED Apr 03, 2008 08:00 AN Secretary of State



12105 S.W. 130TH STREET-SUITE 202

12105 S.W. 130TH STREET **SUITE 202**

MIAMI, FL 33186

MIAMI, FL 33186



03132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-6767221

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSER, DOUGLAS 12105 S.W. 130TH STREET **SUITE 202** MIAMI, FL 33186

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, the obligations of registered agent.	≀am familiar with, and accept
SIGNATURE	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

HANDONRRARAS 04/15/08-80058-015 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	HOUSER, DOUGLAS	
STREET ADDRESS	12105 SW 130 ST #202	
CTY-ST-ZIP	MIAMI, FL 33136	
TITLE		
NAME		
STREET ADORESS	,	
CITY-ST-ZIP		
TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
TITLE		
NAME		IN THIS SPACE
STREET ADDRESS		
CATY-ST-ZIP		
TITLE		la stille en 1941 - Maria de 1960 en 1
NAME		
STREET ADDRESS		
CITY+ST-ZIP		
TITLE	,	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. Libereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information		

I nereby certify that the iniormalicity applied with this limit does not quality for the exemptions contained in Chapter 119, Florida statutes. Further certify that the information indicated on this report is truth a dra 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 at the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR POINT

Date

Daytme Phone #