2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L03000015267

Entity Name: AAMT, LLC

Current Principal Place of Business:

1720 EL JOBEAN ROAD, SUITE 202
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

PO BOX 380090
MURDOCK, FL 339380090

New Mailing Address:

FEI Number: 55-0828287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMARCA, MICHAEL A
1720 EL JOBEAN ROAD, SUITE 202
PORT CHARLOTTE, FL 33948 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:	LAMARCA, MICHAEL A	
Address:	PO BOX 380090	
City-St-Zip:	MURDOCK, FL 339380090	
Title:	MGRM	( ) Delete
Name:	TEIXEIRA, MARK	
Address:	1655 CLOW COURT	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	MGRM	( ) Delete
Name:	AL-ARNASI, ABRAHAM J JR.	
Address:	5224 BLACKJACK CIRCLE	
City-St-Zip:	PUNTA GORDA, FL 33982	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MICHAEL A. LAMARCA MGRM 04/22/2009

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