


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000047708</b> 1. Entity Name A.M.C.T., LLC	
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Principal Place of Business 639 US HIGHWAY 1 NORTH PALM BEACH, FL 33408	Mailing Address ATTENTION PETER FITZPATRICK 232 W 48TH STREET NEW YORK, NY 10036
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04232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0671320	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  CRANE, ROBERT L ESQ 515 N FLAGLER DRIVE 1800 WEST PALM BEACH, FL 33401
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**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FITZPATRICK, PETER D 232 W 48TH STREET NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DWYER, THOMAS F 232 W 48TH STREET NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVERS, STEPHEN C 232 W 48TH STREET NEW YORK, NY 10036
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05/21/08-80090-014 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:**

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

Date

Daytime Phone #

4/23/08