

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095313

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: AMERICAN MORTGAGE TRUST LLC

## Current Principal Place of Business:

401 EAST LAS OLAS BLVD  
SUITE 1050  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

6261 WEST ATLANTIC BLVD.  
SUITE 101  
MARGATE, FL 33063

## Current Mailing Address:

401 EAST LAS OLAS BLVD  
SUITE 1050  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

6261 WEST ATLANTIC BLVD.  
SUITE 101  
MARGATE, FL 33063

FEI Number: 84-1700396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACCLUGAGE, LISA  
110 SOUTHEAST 6 STREET  
15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

WRIGHT, BLAIR  
1606 EAST LAKE DRIVE  
FORT LAUDERDALE, FL 33316 US

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: BLAIR L. WRIGHT

04/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WRIGHT, BLAIR L  
Address: 401 EAST LAS OLAS BLVD. SUITE 1050  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WRIGHT, BLAIR L  
Address: 6261 WEST ATLANTIC BLVD.  
City-St-Zip: MARGATE, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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: BLAIR L. WRIGHT

PRES

04/04/2007

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