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Secretary of State
01-14-2008 90049 045 ***150.00

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000073692

1. Entity Name
AMPT MANAGEMENT "LLC."

Principal Place of Business	Mailing Address
825 CASSAT AVENUE JACKSONVILLE, FL 32205	P.O. BOX 60846 JACKSONVILLE, FL 32236

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01082008 Chg-LLC CR2E083 (12/05)

4. FEI Number 38-3769828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TRAN, HONGLAN T
825 CASSAT AVENUE
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 1/8/08 (HT)
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~OWNER~~ MGRM HONGLAN T. TRAN P. O. Box 60846 JAX, FL 32236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] (HT) 1/8/08 (HT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30004134

AMPT Management LLC
P.O. Box 60846
Jacksonville FL 32236

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Subject: Annual Report Filing – Document #L07000073692

Attached please find our 2008 Annual Report for your review and process.

Per your request, we have changed the title from Owner to the Managing Members.

Should you have any questions regarding this matter, please contact this office at the address given above.

Best regards,

HongLan T. Tran
MGRM