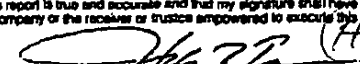


FILED
Apr 17, 2008 8:00 am
Secretary of State

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 825 CASSAT AVENUE JACKSONVILLE, FL 32205		Mailing Address 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
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 agents, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agents.			
SIGNATURE  Signature, typed or printed name of registered agent over this application.		DATE 1/8/08 NOTE: Registered agents signatures required when reappointing.	
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	
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	
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	
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 SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 1/8/08 Date	

ATTACHMENT

30004134

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

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

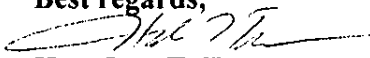
Subject: Annual Report Filing – Document #L07000073692

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