

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079193

Entity Name: AMT PROPERTIES, LLC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

2177 CHASE DRIVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

1415 BAYSHORE DRIVE
NICEVILLE, FL 32578 US

Current Mailing Address:

P O BOX 1657
NICEVILLE, FL 32588 US

New Mailing Address:

FEI Number: 26-0636560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, ALLEN
2177 CHASE DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

TUCKER, ALLEN E
1415 BAYSHORE DRIVE
NICEVILLE, FL 32578 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: ALLEN E TUCKER

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TUCKER, ALLEN
Address: 2177 CHASE DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM () Delete
Name: TUCKER, MARTHA
Address: 2177 CHASE DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TUCKER, ALLEN E
Address: 1415 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM (X) Change () Addition
Name: TUCKER, MARTHA
Address: 1415 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

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: ALLEN E TUCKER

MGRM

01/19/2009

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