
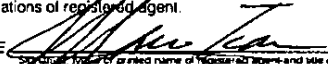
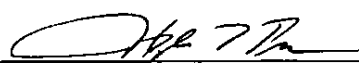


FILED  
Mar 03, 2008 8:00 am  
Secretary of State

01-14-2008 90049 005 \*\*\*150.00

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

1/1

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L07000087777</b>   |  |         |   |
| 1. Entity Name<br>AMQT MANAGEMENT "LLC"  |  |  |   |
| Principal Place of Business<br>825 CASSAT AVE.<br>JACKSONVILLE, FL 32205   |  | Mailing Address<br>PO BOX 60846<br>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   |
| 6. Name and Address of Current Registered Agent  |  | 4. FEI Number<br>01052008 Chg-LLC CR2E083 (12/06)  |   |
| TRAN, MARCO H<br>825 CASSAT AVE.<br>JACKSONVILLE, FL 32205   |  | 74-3241703   |   |
|  |  | Applied For<br>Not Applicable  |   |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |
| TRAN, MARCO H<br>825 CASSAT AVE.<br>JACKSONVILLE, FL 32205   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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    |  | DATE 1/8/08  |   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |  | Make check payable to:<br>Florida Department of State                                    |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>TRAN, HONGLAN T<br>825 CASSAT AVE.<br>JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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:    |  | DATE 1/8/08  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date Daytime Phone #   |   |