

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095678

Entity Name: AMT TRUST, LLC

FILED  
Aug 20, 2009  
Secretary of State

## Current Principal Place of Business:

2200 NW 32 STREET  
1500  
POMPANO BEACH, FL 33069 US

## Current Mailing Address:

423 FERRY ST  
NEWARK, NJ 07105

## New Principal Place of Business:

2200 NW 32ND STREET  
1500  
POMPANO BEACH, FL 33069 US

## New Mailing Address:

FEI Number: 26-1101670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1100 S. FEDERAL HWY 2ND FLOOR  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

MOREIRA, JOSE  
2200 NW 32ND STREET  
1500  
POMPANO BEACH, FL 33069 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: JOSE MOREIRA

08/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MOREIRA, JOSE  
Address: 264 FERRY ST #2  
City-St-Zip: NEWARK, NJ 07072 US

Title: MGR (X) Delete  
Name: BAYDE, ALOYSIO B  
Address: 335 S. BISCAYNE BLVD. APT. 2105  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR (X) Delete  
Name: BAYDE, THIAGO A  
Address: 501 WASHINGTON AVE  
City-St-Zip: CARLSTADT, NJ 07072 US

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: MOREIRA, JOSE  
Address: 264 FERRY ST #2  
City-St-Zip: NEWARK, NJ 07105 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSE MOREIRA

PRES

08/20/2009

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