## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000000933

Entity Name: NATIONAL GROWTH MANAGEMENT, LLC

1140 NE 163 STREET, SUITE 28

NORTH MIAMI BEACH, FL 33162

Address:

City-St-Zip:

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
1140 NE 163RD STREET, SUITE 28 NORTH MIAMI BEACH, FL 33162		SUITE 28	1140 NE 163RD STREET, SUITE 28 NORTH MIAMI BEACH, FL 33162	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1140 NE 163RD STREET, SUITE 28 NORTH MIAMI BEACH, FL 33162		SUITE 28	1140 NE 163RD STREET, SUITE 28 NORTH MIAMI BEACH, FL 33162	
FEI Number	: 48-1265926 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
NG, DORIS 1140 NE 163RD STREET, SUITE 28 NORTH MIAMI BEACH, FL 33162 US		SUITE 28	1140 NE 163RD STREET,	
	named entity submits this statement for the $\mbox{\sc p}$ e of Florida.	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			04/27/2005	
	Electronic Signature of Registered Age	nt	Date	
MANAGING MEMBERS/MEMBERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete NG, MANWARD 1140 NE 163 STREET, SUITE 28 NORTH MIAMI BEACH, FL 33162	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete NG, MANTIC 1140 NE 163 STREET, SUITE 28 NORTH MIAMI BEACH, FL 33162	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete NG, DAVID 1140 NE 163 STREET, SUITE 28 NORTH MIAMI BEACH, FL 33162	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete NG, DORIS 1140 NE 163 STREET, SUITE 28 NORTH MIAMI BEACH, FL 33162	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name:	MGRM () Delete NG, MANSON	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: DORIS NG MGRM 04/27/2005