

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106102

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: IOVINE MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

3550 POMONA LN  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 332188  
MIAMI, FL 33233

**New Mailing Address:**

FEI Number: 26-0672980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IOVINE, SCOTT  
3550 POMONA LN  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: IOVINE, SCOTT M  
Address: P.O. BOX 332188  
City-St-Zip: MIAMI, FL 33233

Title: MGRM ( ) Delete  
Name: OLIVA, SHARLYNE  
Address: P.O. BOX 332188  
City-St-Zip: MIAMI, FL 33233

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: IOVINE, SCOTT M  
Address: P.O. BOX 332188  
City-St-Zip: MIAMI, FL 33233

Title: MGR (X) Change ( ) Addition  
Name: OLIVA, SHARLYNE  
Address: P.O. BOX 332188  
City-St-Zip: MIAMI, FL 33233

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: SCOTT IOVINE

MGRM

04/23/2008

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