## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000106102

Entity Name: IOVINE MANAGEMENT GROUP, LLC

FILED Jul 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3550 POMONA LN MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

P.O. BOX 332188 P.O. BOX 431775 MIAMI, FL 33233 P.O. BOX 431775

FEI Number: 26-0672980 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

IOVINE, SCOTT 3550 POMONA LN MIAMI, FL 33133 US

MANAGING MEMBERS/MANAGERS:

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

Electronic eignature er register

ADDITIONS/CHANGES:

itle: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 IOVINE, SCOTT M
 Name:
 IOVINE, SCOTT M

 Address:
 P.O. BOX 332188
 Address:
 P.O. BOX 431775

 City-St-Zip:
 MIAMI, FL 33233
 City-St-Zip:
 MIAMI, FL 33243

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 OLIVA, SHARLYNE
 Name:
 OLIVA, SHARLYNE

 Address:
 P.O. BOX 332188
 Address:
 P.O. BOX 431775

 City-St-Zip:
 MIAMI, FL 33233
 City-St-Zip:
 MIAMI, FL 33243

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 07/25/2009