

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-01-2002 90331 001 *1,000.00

DOCUMENT #

1. Entity Name

M00000000063
ALL MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE



97575

2. Principal Place of Business 29399 US Hwy 19 N. Suite, Apt. #, etc. 320 City & State Clearwater, FL Zip 33761 Country Pinellas		3. Mailing Address 29399 US Hwy 19 N. Suite, Apt. #, etc. 320 City & State Clearwater, FL Zip 33761 Country Pinellas		4. FEI Number 84-1522402	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee FL Zip Code
32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEES IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Asset Investors Operating Partnership 29399 US Hwy 19 N, Suite 320 Clearwater, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Shannon E. Smith, CEO

Date

727-727-86
Daytime Phone #