2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000001105

1. Entity Name

GUS MANAGEMENT GROUP LLC



FILED Jan 24, 2007 08:00 AM Secretary of State

AGG MANAGEMENT GROOT LEG					Secretary of State				
Principal Plac	e of Business	Mailing Address	Mailing Address						
415 MONTGOMERY RD #151 ALTAMONTE SPRINGS FL 32714		P.O. BOX 916217 LONGWOOD FL 32791 US							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			<u>'</u>		, ,,, ,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,	#! !! # #! (! # !! 6 #!#! 1	
Suite, Apt. #, otc.		Suite, Apt. #, etc.				1st MOORE	CR2E08	3 (10/06)	
City & Stato		City & State			4. FEI Nun	^{nbor} 65-09776	65	<u> </u>	oplied For of Applicable
Zıp	Country	Zıp	Country		5. Certifica	ate of Status Desired	Ø	\$5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New	Registered	Agent	,
			٨	lame					
RICHARDS, MICHAEL E 415 MONTGOMERY RD #151				Street Address (P.O. Box Number is Not Acceptable)					
	AMONTE SPRINGS FL 327	714						,	
			0	ity			FI	Zip Cod	o
	named entity submits this statement folions of registered agent.	or the purpose of changing it	ls registered o	flice or register	ed agent, or	both, in the State of I	Florida Lam	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable (NO	OTE, Registered Ago	int signature reduced	when reinstating)		DATE		
		Make Check Payat	IOW!!! FEE ble to Florid ue By May 1	la Departmer	nt of State				
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITION:	S/CHANGE	S	
TITLE	Р	☐ Delete	TITLE					☐ Change	Addition
NAMI	RICHARDS, MICHAEL E		NAME			U000006(าววัตถ		
SHILLLADDRESS	415 MONTGOMERY RD #151		SIRICUAL	DONESS		01/26/07-8	J436U 1007 <u>-</u> 00	7 CC NO	
CHY-SI-7IP	ALTAMONTE SPRINGS FL 32714	<u> </u>	CITY-S1-	ZIP .		01/20/01 0		1 33.00	
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NAME			NAMI'	anur ce					
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TRTLE Name		☐ Delete	TITE NAME.					□ tolianias	
STREET ADDRESS			STREET AC	DDRESS					
CITY - S1 - 7IP			CITY-SI-						
11. I hereby of indicated	certify that the information supplied wi on this report is true and accurate an	ith this filing does not qualify	for the exemplive the same to	ptions containe	d in Section	1 19, Florida Statutes	. I further co	ertify that the i	nformation ager of the

indicated on this report is true and accurate and that my signature shall have the same logal effect as it made under eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/07

Daytime Phone #