


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90022 023 \*\*\*\*50.00

<b>DOCUMENT # L02000000476</b>					
<b>1. Entity Name</b> CMG MANAGEMENT GROUP, LLC					
<b>Principal Place of Business</b> 209 DOWNING ST NEW SMYRNA BEACH, FL 32168			<b>Mailing Address</b> 209 DOWNING ST NEW SMYRNA BEACH, FL 32168		
<b>2. Principal Place of Business</b> 627 Yupon ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 627 Yupon ST Suite, Apt. #, etc.			
<b>City &amp; State</b> New Smyrna Bch FL Zip 32169 Country		<b>City &amp; State</b> New Smyrna Bch FL Zip 32169 Country		<b>4. FEI Number</b> 22-3863645	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> MICHELBRINK, DANNY 209 DOWNING ST NEW SMYRNA BEACH, FL 33168			<b>7. Name and Address of New Registered Agent</b> Name: Daniel T. Michelbrink Street Address (P.O. Box Number is Not Acceptable): 627 Yupon ST City: New Smyrna Bch FL Zip Code: 32169		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHELBRINK, DANIEL T 209 DOWNING ST 627 Yupon NEW SMYRNA BEACH, FL 32168 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <i>Daniel T. Michelbrink</i>			4/8/05		386-314-6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #