


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000000476 1. Entity Name CMG MANAGEMENT GROUP, LLC |  |
|---|---|

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|---|---|
| Principal Place of Business 627 YUPON STREET NEW SMYRNA BEACH, FL 32169 | Mailing Address 627 YUPON STREET NEW SMYRNA BEACH, FL 32169 |
|---|---|

DO NOT WRITE IN THIS SPACE



03062007No Chg-LLC

CR2E083 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 22-3863645 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MICHELBRINK, DANIEL T.
627 YUPON ST
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MICHELBRINK, DANIEL T 627 YUPON NEW SMYRNA BEACH, FL 32169 |
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04/05/07-80021-008 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

3/6/07 386-314-6313
Date Daytime Phone #