

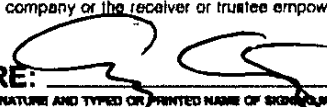


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000010470</b>		
1. Entity Name R M G, LLC		
Principal Place of Business 75 E. INDIANTOWN ROAD SUITE 201 JUPITER, FL 33477 US		Mailing Address 8287 QUAIL MEADOWS WAY WEST PALM BEACH, FL 33412 US
		
05012007 No Chg-LLC CR2E083 (11/05)		
4. FEI Number 54-2064795		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		
SLATE, GARY S 8287 QUAIL MEADOWS WAY WEST PALM BEACH, FL 33401		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLATE, GARY S 8287 QUAIL MEADOWS WAY WEST PALM BEACH, FL 33401	U00000759856 05/24/07-80060-004 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLATE, CAROL 105 S. NARCISSUS AVE. SUITE 412 WEST PALM BEACH, FL 33401	
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		
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: 		561-745-8740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #