


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90048 015 ****50.00

DOCUMENT # L02000012955 1. Entity Name ASSET MANAGEMENT GROUP, LLC	
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Principal Place of Business 800 CORPORATE DRIVE SUITE #108 FORT LAUDERDALE, FL 33334	Mailing Address 800 CORPORATE DRIVE SUITE #108 FORT LAUDERDALE, FL 33334
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3671502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	



6. Name and Address of Current Registered Agent THRISTINO, JOHN R 7745 TRIESTE PLACE DELRAY BEACH, FL 33446	7. Name and Address of New Registered Agent Name THRISTINO, JOHN R Street Address (P.O. Box Number is Not Acceptable) 5535 N. MILITARY TR 1805 City BOCA RATON FL Zip Code 33496
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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 *John R Thristino* **JOHN THRISTINO MGR** DATE **5-1-05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THRISTINO, JOHN R <input type="checkbox"/> Delete 7745 TRIESTE PLACE DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THRISTINO, JOHN R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5535 N MILITARY TR 1805 BOCA RATON, FL 33496
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

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.

SIGNATURE: *John R Thristino* **MGR JOHN R THRISTINO** DATE **5-1-05** Daytime Phone # **(954) 689-6446**

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