

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90029 038 \*\*\*500.00

<b>DOCUMENT # L02000012955</b>					
<b>1. Entity Name</b> ASSET MANAGEMENT GROUP, LLC					
<b>Principal Place of Business</b> 800 CORPORATE DRIVE SUITE #108 FORT LAUDERDALE, FL 33334			<b>Mailing Address</b> 800 CORPORATE DRIVE <del>SUITE #108</del> FORT LAUDERDALE, FL 33334		
<b>2. Principal Place of Business</b> 2700 N. MILITARY TRAIL Suite, Apt. #, etc. STE 150 City & State BOCA RATON Florida Zip 33431 Country USA			<b>3. Mailing Address</b> Suite, Apt. #, etc. Same City & State Same Zip Country		
<b>4. FEI Number</b> 04-3671502				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				04282006 Chg-LLC CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> THRISTINO, JOHN R 5535 N MILITARY TRAIL, 1805 BOCA RATON, FL 33496			<b>7. Name and Address of New Registered Agent</b> Name THRISTINO, JOHN R Street Address (P.O. Box Number is Not Acceptable) 2700 N. MILITARY TRAIL STE 150 City BOCA RATON FL Zip Code 33431		
<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 <i>[Signature]</i> 6P DATE 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE MGR NAME THRISTINO, JOHN R STREET ADDRESS 5535 N MILITARY TRAIL, 1805 CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE MGR NAME THRISTINO, JOHN R STREET ADDRESS 2700 N. MILITARY TRAIL STE 150 CITY-ST-ZIP BOCA RATON, FL 33431	<input checked="" 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 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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> JOHN R THRISTINO			Date 4/27/06 Daytime Phone # (561) 989-9394		