

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90020 027 ****50.00

DOCUMENT # L 02000012955

1. Entity Name

ASSET MANAGEMENT GROUP LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 CORPORATE DRIVE

Suite, Apt. #, etc.

SUITE # 108

3. Mailing Address

800 CORPORATE DRIVE

Suite, Apt. #, etc.

SUITE # 108

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FLORIDA

City & State

FT. LAUDERDALE, FLORIDA

4. FEI Number

04-3671502

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHN R. THRISTINO

Street Address (P.O. Box Number is Not Acceptable)

7745 TRISTIE PLACE

City

DELRAY BEACH

FL

Zip Code
33446

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

Managing Partner

3-31-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING PARTNER
JOHN R. THRISTINO
7745 TRISTIE PLACE
DELRAY BEACH, FLORIDA 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

JOHN R. THRISTINO

3-31-03

(954) 689-6444

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

Date

Daytime Phone #

CR2E083B (12/02)