2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L02000017496

Entity Name: NEXT GENERATION MANAGEMENT, LLC

Current Principal Place of Business:

11795 NW 2ND. ST.
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

11795 NW 2ND. ST.
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 45-0480735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCIL, MICHAEL W
5850 NE 14 ROAD
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: GRAMANZINI, MASSIMO
Address: 11795 NW 2ND. ST.
City-St-Zip: PLANTATION, FL 33325

Title: MGRM ( ) Delete
Name: THORELL, DANIELLE
Address: 11795 NW 2ND. ST.
City-St-Zip: PLANTATION, FL 33325

Title: MGRM ( ) Delete
Name: GRAMANZINI, ALYCIA
Address: 11795 NW 2ND. ST.
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: GRAMANZINI, DANIELLE
Address: 11795 NW 2ND. ST.
City-St-Zip: PLANTATION, FL 33325

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MASSIMO GRAMANZINI MGRM 04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date