2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# L02000020260

Entity Name: CMG ADVISORY SERVICES, LLC

Current Principal Place of Business:

1016 COLLIER CENTER WAY STE. 100
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1016 COLLIER CENTER WAY STE. 100
NAPLES, FL 34110

New Mailing Address:

FEI Number: 81-0566398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MITCHELL, RICHARD L
1016 COLLIER CENTER WAY STE. 100
NAPLES, FL 34110 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/MANAGERS:

Title: MGRM ( ) Delete
Name: WHITE, ROBERT D
Address: 14787 INDIGO LAKES CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete
Name: MITCHELL, RICHARD L
Address: 14821 FRIPP ISLAND CT
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete
Name: TILLER, RONALD R
Address: 1804 BRAMBLEWOOD DR
City-St-Zip: KINGSPORT, TN 37660

ADDITIONS/CHANGES:

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

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

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 Chapter 119, 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: ROBERT D WHITE MR 02/08/2006

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