

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 2/**

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-22-2008 90041 024 ****50.00
03-14-2008 90203 029 ****88.75

DOCUMENT # L02000021723	
1. Entity Name THE RMG REAL ESTATE, LLC	

Principal Place of Business 5245 E FLETCHER AVE STE 1 TAMPA FL 33617	Mailing Address 5245 E. FLETCHER AVE. SU 1 TAMPA FL 33617
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/07)

4. FEI Number 56-2289566	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIEF, FRANK J III 442 WEST KENNEDY BLVD., STE. 340 TAMPA FL 33606	
7. Name and Address of New Registered Agent Name: Samuel Tarantino, M.D. Street Address (P.O. Box Number is Not Acceptable): 5245 E. Fletcher Ave - Su-1 City: Tampa FL Zip Code: 33617	

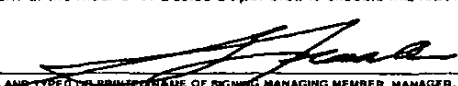
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Samuel Tarantino, MD President  2/8/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS VERKAUF, BARRY S 5245 E FLETCHER AVE STE 1 TAMPA FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP TARANTINO, SAMUEL 5245 E FLETCHER AVE STE 1 TAMPA FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV BERNHISEL, MARC 5245 E FLETCHER AVE STE 1 TAMPA FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE:  Samuel Tarantino 2/8/08

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