


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000024826</b> 1. Entity Name <b>ALLIED MANAGEMENT GROUP, LLC</b>	
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Principal Place of Business <b>1300 WEST NORTH BOULEVARD LEESBURG, FL 34748</b>	Mailing Address <b>1300 WEST NORTH BOULEVARD LEESBURG, FL 34748</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>52-2378603</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GRIZZARD, THOMAS D 1300 WEST NORTH BOULEVARD LEESBURG, FL 34748</b>
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**DO NOT WRITE  
IN THIS SPACE**


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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000088721  
03/15/04-80084-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRIZZARD, THOMAS D 1300 W NORTH BLVD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIZZARDI, LAURI A 1300 W NORTH BLVD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CANTRELL, KEVIN D 33745 SILVER PINE DR LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CANTRELL, KELLY H 33745 SILVER PINE DR LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>3/5/04</b>	Daytime Phone # <b>352-343-6400</b>
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