
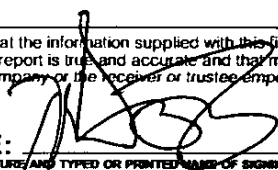


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90224 043 ***138.75

| | | | |
|--|---|---|---|
| DOCUMENT # L02000024826 | |  | |
| 1. Entity Name ALLIED MANAGEMENT GROUP, LLC | | | |
| Principal Place of Business 1300 CITIZENS BOULEVARD SUITE 380 LEESBURG, FL 34748 US | | Mailing Address 1300 CITIZENS BOULEVARD SUITE 380 LEESBURG, FL 34748 US | |
| 2. Principal Place of Business - No P.O. Box # 1300 North Blvd Suite, Apt. #, etc. | | 3. Mailing Address Same Suite, Apt. #, etc. | |
| City & State Leesburg FL | | City & State | |
| Zip 34748 | | Country USA | |
| 4. FEI Number 52-2378603 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRIZZARD, THOMAS D 1300 CITIZENS BOULEVARD SUITE 380 LEESBURG, FL 34748 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when amending)</small> | | | |
| 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 | MGRM GRIZZARD, THOMAS D 1300 CITIZENS BOULEVARD SUITE 380 LEESBURG, FL 34748 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRIZZARD, LAURIA 1300 CITIZENS BOULEVARD SUITE 380 LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CANTRELL, KEVIN D 1300 CITIZENS BOULEVARD SUITE 380 LEESBURG, FL 34748 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CANTRELL, KELLY H 1300 CITIZENS BOULEVARD SUITE 380 LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes. | | | |
| SIGNATURE:  | | Date: 3-4-08 Daytime Phone #: 352-787-6966 | |