2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000026317

1. Entity Name

AZTEC MANAGEMENT GROUP LLC.



FILED Apr 30, 2005 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE

SIGNATURE AND TYPED CO. PRINTED TATES

Mailing Address

9770 S. MILITARY TRAIL, #252 BOYTON BEACH, FL 33436 9770 S. MILITARY TRAIL, #252 BOYTON BEACH, FL 33436



04282005 No Chg-LLC

CR2E083 (10/03)

	CC1 klossking
4.	FEI Number
	52-2383220
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Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytme Phone #

6.	Name	and Addres	ss of Cur	rent Registere	d Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	named entity submits this statement for the purpose of cha ions of registered agent.	inging its registered	d office or registered agent, or both, in the State	of Florida. I am familiar with, and accept	
SIGNATURE_			····	·- ·- ·-	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating) DATE			
FI Di	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DECARLO, SILVIO 9970 S. MILITARY TRAIL 252 BOYNTON BEACH, FL 33436		1100000040004		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			U0000349884 05/02/05-80082-024 50.00		
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE HAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filing does not qualify 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 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.