## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L0300000454  1. Entity Name SPERLING MANAGEMENT GROUP, LLC							04 APR 30 PF	14:01	
Principal Place 3680 INVEST RIVIERA BEAC	MENT LAN	E, SUITE 1	Mailing Address 3680 INVESTMENT LANE, SUITE 1 RIVIERA BEACH, FL 33404					manic slagr still second in 1931	
2. Principal Pl			3. Mailing Address C/O MVP						
Suite, Apl	#. etc .	ad, Ste. 109	Suite, Apt #.etc 2434 No. Harlem Ave., Ste B			te B	04272004 Chg-LLC CR2	2E083 (10/03)	
City & State Riviera		FL	City & State Elmwood Park, IL				4. FEI Number 01-0759357	Applied For Not Applicable	
Zip 33404	1		Zip Country 60707 U.S.				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6, Name	e and Address of Current F	Registered Agent		Name		7. Name and Address of New Register	ed Agent	
MORA, RO		IAGEMENT			Dan Goode Syeel Address (P.O. Box Number is Not Acceptable) c/o Barnett Management				
3680 INVE		LANE, SUITE 1 L 33404			7289 Garden Road, Ste. 109				
			Riviera					L 33484	
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 Dan Goode Signature typed or printed name of fegistered agant and tible if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
Fil	ling Fee i	is \$50.00 y 1, 2004					Make chec	k payable to timent of State	
9.	* · · · · · · · · · · · · · · · · · · ·	MANAGING MEMBER	RS/MANAGERS  Delete	10.			ADDITIONS/CHANG	ES Change 1 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	NA STI				ET ADDRESS	Daniel S. Barnett c/o MVP, 2434 No. Harlem Ave., Ste. B			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREE	<u>F</u>	Elmwe	ood Park, IL 60707	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ŧ		☐ Oelete				Velf	☐ Change ☐ Addition	
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 any that my signature shall have the same legal effect as if made under cath; 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: 4-28-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Cayling Phone #									