2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 08, 2005 08:00 AM Secretary of State

DOCUMENT # L03000011033 1. Enity Name LTMG, LLC			Secretary of Stat		
Principal Place of Business 3111 S.W. 10 STREET C/O MICHAEL L. MEDLEY POMPANO BEACH, FL 33069-9902 Mailing Address 3111 S.W. 10 STREET C/O MICHAEL L. MEDLEY POMPANO BEACH, FL 33069		9902			
DO NOT WRITE IN THIS SPA			CF	02262005 No Chg-LLC	CR2E083 (10/03)
l-u	O NOT WHILE	IN THIS STA		4. FEI Number 87-0689894 5. Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current I	Registered Agent			
MEDLEY, MICHAEL L 3111 S.W. 10 STREET POMPANO BEACH, FL 33069-9902				DO NOT WE	
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 Signature, typed or printed name of registered agent and title II applicable (NOTE, Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM GLOBAL ASSET MANAGEMENT 2905 WILSON AVE SW GRANDVILLE, MI 49418			Unnonn? 03/08/05-8	55698 0025-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WE	RITE
TITLE NAME STREET ADDRESS				IN THIS SPA	ACE

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.

SIGNATURE:

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

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3/01/05 616-534-8100

ate Daytime Phone #