

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041926

FILED
Apr 16, 2008
Secretary of State

Entity Name: AFFIRMATIVE ARCO MANAGEMENT GROUP, LLC

Current Principal Place of Business:

4 EXECUTIVE BOULEVARD
SUITE 100
SUFFERN, NY 10901

New Principal Place of Business:

Current Mailing Address:

402 GATLIN AVENUE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 55-0832642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUBELT, PAUL
402 GATLIN AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAKOTA COURT PARTNER, S LLC
Address: 4 EXECUTIVE BLVD SUITE 100
City-St-Zip: SUFFERN, NY 10901

Title: M () Delete
Name: AAJP MANAGEMENT LLC,
Address: 161 AVENUE OF THE AMERICAS 13TH FL
City-St-Zip: NEW YORK, NY 10013

Title: M () Delete
Name: JUBELT, PAUL
Address: 402 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: GOLDSTEIN, JEFFERY
Address: 4 EXECUTIVE BLVD SUITE 100
City-St-Zip: SUFFERN, NY 10901

Title: MGR () Delete
Name: JUBELT, ANDREW
Address: 161 AVE OF THE AMERICAS 13TH FL
City-St-Zip: NEW YORK, NY 10013

Title: MGR () Delete
Name: JUBELT, CHRISTINE
Address: 402 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL JUBELT

M

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date