2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90345 031 ****50.00

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1. Entity Name
INSTITUTE OF WEALTH MANAGEMENT, LLC

Principal Place of Business	Mailing Address
2385 EXECUTIVE CENTER DRIVE, SUITE 100 BOCA RATON, FL 33431	2385 EXECUTIVE CENTER DRIVE, SUITE 100 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

01242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
36-4548637
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TINDER, JAMES R
2385 EXECUTIVE CENTER DRIVE, SUITE 100
BOCA RATON, FL 33431

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGRM
NAME	BRUNO, PETER
STREET ADDRESS	2385 EXECUTIVE CENTER DRIVE, SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	TINDER, JAMES R
STREET ADDRESS	2385 EXECUTIVE CENTER DRIVE, SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: