2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L04000014055

1. Entity Name

ASSÉT MANAGEMENT HOLDING OF SOUTH FLORIDA, LLC



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

139 BAL BAY DRIVE BAL HARBOUR, FL 33154 Mailing Address

139 BAL BAY DRIVE BAL HARBOUR, FL 33154



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3787685 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSEN, JOHN 1545 NE 123RD STREET NORTH MIAMI, FL 33161

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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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	, MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP	P RISO, ANTHONY 139 BAL BAY DR BAL HARBOUR, FL 33154		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000578554 01/09/07-80034-601 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			