

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90085 022 \*\*\*\*55.00

**DOCUMENT # L04000025215**

1. Entity Name

ACTIVE MANAGEMENT GROUP, LLC.



Principal Place of Business

1147 BRANTLEY ESTATES DR  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

1147 BRANTLEY ESTATES DR  
ALTAMONTE SPRINGS FL 32714  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0948052

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIU, FRANK W  
1147 BRANTLEY ESTATES DR  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Frank W Chiu*

1/18/05

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete  
NAME HOUH, RONG-PO  
STREET ADDRESS 1147 BRANTLEY ESTATES DR.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE MGRM ☒ Delete  
NAME HOUH, WU HSIANG-LAN  
STREET ADDRESS 1147 BRANTLEY ESTATES DR.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE MGRM ☐ Delete  
NAME CHIU, CHRIS M  
STREET ADDRESS 1147 BRANTLEY ESTATES DR.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE MGRM ☐ Delete  
NAME CHIU, FRANK W  
STREET ADDRESS 1147 BRANTLEY ESTATES DR.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Frank W Chiu*

1/18/05, 407-788-3868

Date

Daytime Phone #