2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L04000092915 Apr 14, 2006 08:00 Al Secretary of State AFFILIATED MANAGEMENT GROUP, L.L.C. Principal Place of Business Mailing Address 13404 S.W. 104TH LANE P.O. BOX 47512 DUNNELLON, FL 34432 ST. PETERSBURG, FL 33743 04102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 25-1905762 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOTT, LAWRENCE M DO NOT WRITE 13404 S.W. 104TH LANE DUNNELLON, FL 34432 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) H00H00509584 Filing Fee is \$50.00 Due by May 1, 2006 u4/28/06-80048-025 **50.0**0 9. MANAGING MEMBERS/MANAGERS BRI F MGRM LOTT, LAWRENCE M STREET ADDRESS 13404 S.W. 104TH LANE CITY-ST-ZIP DUNNELLON, FL 34432 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIME IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TIME NAME STREET ADDRESS CITY-ST-ZIP MLE STREET ADDRESS

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.

CITY-ST-ZIP

CIGNATION TO MY AT MX AM 4-11-06 727-347.76