
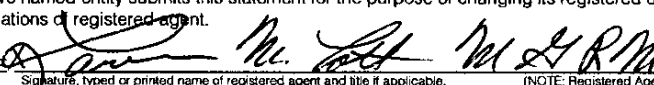


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

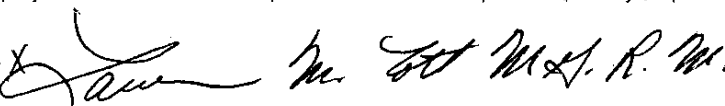
FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90164 019 ***138.75

DOCUMENT # L04000092915 1. Entity Name AFFILIATED MANAGEMENT GROUP, L.L.C.					
Principal Place of Business 13404 S.W. 104TH LANE DUNNELLON, FL 34432			Mailing Address P.O. BOX 47512 ST. PETERSBURG, FL 33743		
2. Principal Place of Business - No P.O. Box # 2898 66th St N			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State St. Petersburg, FL			City & State		
Zip 33710		Country USA		Zip	
Country		Country		4. FEI Number 25-1905762	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOTT, LAWRENCE M 13404 S.W. 104TH LANE DUNNELLON, FL 34432				7. Name and Address of New Registered Agent Name Lott, Lawrence M Street Address (P.O. Box Number is Not Acceptable) 2898 66th St N City St. Petersburg FL Zip Code 33710	
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 4-8-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOTT, LAWRENCE M 13404 S.W. 104TH LANE DUNNELLON, FL 34432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lott, Lawrence 2898 66th St N St Petersburg, FL 33710
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

 **4-8-08**