2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000001464

1. Entity Name

TANGLEWOOD ACQUISITION GROUP, LLC



Principal Place of Business

SIGNATURE:

C/O JOSHUA L. DUBIN, P.A. 17701 BISCAYNE BLVD., SUITE 201 AVENTURA, FL 33160 Mailing Address

C/O JOSHUA L. DUBIN, P.A. 17701 BISCAYNE BLVD., SUITE 201 AVENTURA, FL 33160

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90050 030 ***138.75

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03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2924834

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSHUA L. DUBIN, P.A. 17701 BISCAYNE BLVD., SUITE 201 AVENTURA, FL 33160

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the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Propagated Appel single as the west single as	DATE
	Signature, typed or printed name or registered again and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		į
NAME	DUBIN, JOSHUA L		
STREET ADDRESS	17701 BISCAYNE BLVD., SUITE 201		,
CITY-ST-ZIP	AVENTURA, FL 33160		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	VRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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