2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011315

Entity Name: ASSOCIATION MANAGEMENT GROUP, LLC

FILED Mar 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13119 PROFESSIONAL DRIVE, SUITE 200A 9191 R. G. SKINNER PARKWAY JACKSONVILLE, FL 32225

SUITE 602

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

9191 R. G. SKINNER PARKWAY 13119 PROFESSIONAL DRIVE, SUITE 200A

SUITE 602 JACKSONVILLE, FL 32225

JACKSONVILLE, FL 32256

FEI Number: 20-2215911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRAYLOR, LINDA TRAYLOR, LINDA

13119 PRÓFESSIONAL DRIVE, SUITE 200 9191 R. G. SKINNER PARKWAY

JACKSONVILLE, FL 32225 SUITE 601

JACKSONVILLE, FL 32256 US

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.

SIGNATURE: LINDA TRAYLOR 03/08/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition

TRAYLOR, LINDA F Name: TRAYLOR, LINDA F Name:

13119 PROFESSIONAL DRIVE, SUITE 200 Address: 9191 R. G. SKINNER PARKWAY, STE. 601 Address:

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete Title: MGRM (X) Change () Addition Name:

DUGGAR, PAMELA R Name: DUGGAR, PAMELA R 13119 PROFESSIONAL DRIVE, SUITE 200 Address:

Address: 9191 R. G. SKINNER PARKWAY, STE. 601 City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete Title: MGRM (X) Change () Addition FIELDS, WILLIAM D Name: FIELDS, WILLIAM D Name:

13119 PROFESSIONAL DRIVE, SUITE 200 9191 R. G. SKINNER PARKWAY, STE. 602 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA TRAYLOR **MGRM** 03/08/2007