
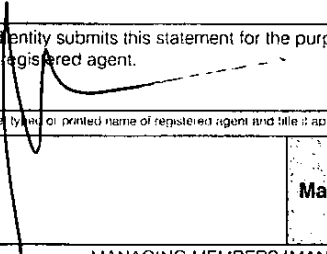
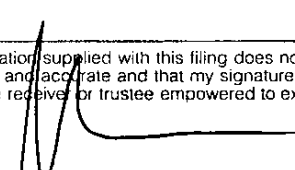


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.(AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90028 038 ****55.00

DOCUMENT # L05000028620 1. Entity Name FUND MANAGEMENT GROUP, LLC			
Principal Place of Business 7100 W. CAMINO REAL BLVD. SUITE 402 BOCA RATON FL 33433 US		Mailing Address 7100 W. CAMINO REAL BLVD. SUITE 402 BOCA RATON FL 33433 US	
2. Principal Place of Business 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite 14 City & State BOCA RATON, FL Zip 33487 Country USA		3. Mailing Address 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite 14 City & State BOCA RATON FL Zip 33487 Country USA	
4. FEI Number 11-3745823		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent BLOOM, ASHLEY 7100 W. CAMINO REAL BLVD. SUITE 402 BOCA RATON FL 33433		7. Name and Address of New Registered Agent Name ASHLEY BLOOM Street Address (P.O. Box Number is Not Acceptable) 6600 W. ROGERS CIRCLE SUITE #14 City BOCA RATON FL Zip Code 33487	
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  ASHLEY BLOOM DATE 04/24/06 <small>Signature by hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOCA FUNDING GROUP, LLC 7100 W. CAMINO REAL BLVD., STE. 402 BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOCA FUNDING GROUP, LLC 6600 W. ROGERS CIRCLE, SUITE #14 BOCA RATON FL- 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		04/24/06 (561) 417-7115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ASHLEY BLOOM		Date Daytime Phone #	