

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029787

FILED
Jul 03, 2007
Secretary of State

Entity Name: 2 GENERATIONS EQUITY MANAGEMENT SERVICES LLC

Current Principal Place of Business:

23350 JASON STREET
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

1314 MARACAIBO STREET
PORT CHARLOTTE, FL 33980 US

Current Mailing Address:

23350 JASON STREET
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

1314 MARACAIBO STREET
PORT CHARLOTTE, FL 33980 US

FEI Number: 20-2554916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CREATIVE ASSET PROTECTION STRATEGIES, INC.
16191 NW 57TH AVENUE
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ASSET INVESTMENT MAN, AGEMENT SERVICE S LLC
Address: 23350 JASON STREET
City-St-Zip: PORT CHARLOTTE, FL 33014

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ASSET INVESTMENT MAN, AGEMENT SERVICE S LLC
Address: 1314 MARACAIBO STREET
City-St-Zip: PORT CHARLOTTE, FL 33014

I hereby certify that the information supplied with this filing does not qualify 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: ASSET INVESTMENT MANAGEMENT SERVICES LLC MGR 07/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date