

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033278

FILED
Feb 28, 2006
Secretary of State

Entity Name: RMG REAL ESTATE HOLDINGS GROUP, LLC

Current Principal Place of Business:

132 CHESTNUT CIRCLE
NORTHPORT, NY 11768 US

New Principal Place of Business:

Current Mailing Address:

132 CHESTNUT CIRCLE
NORTHPORT, NY 11768 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICCARDI, RICHARD V
1441 N 69 AVE
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

RICCARDI, RICHARD V
1180 SW 26TH AVENUE
APT. 6
FORT LAUDERDALE, FL 33312 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: RICHARD V. RICCARDI

02/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICCARDI, GUY T
Address: 132 CHESTNUT CIRCLE
City-St-Zip: NORTHPORT, NY 11768 US

Title: MGRM () Delete
Name: RICCARDI, MICHAEL V
Address: 8 WOODLEE RD
City-St-Zip: COLD SPRING HARBOR, NY 11724 US

Title: MGRM () Delete
Name: RICCARDI, RICHARD G
Address: 4 STONEGATE CT
City-St-Zip: MADISON, NJ 07940 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GUY T. RICCARDI

MGRM

02/28/2006

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