

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048661

Entity Name: THE AZAM GROUP, LLC

FILED
Jul 10, 2006
Secretary of State

Current Principal Place of Business:

3201 NE 183RD ST.
302
AVENTURA, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

3201 NE 183RD ST.
302
AVENTURA, FL 33160

New Mailing Address:

3201 NE 183RD ST.
2302
AVENTURA, FL 33160

FEI Number: 20-2847647 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:

SIMON, MICHAEL W
120 EAST PALMETTO PARK ROAD
100
BOCA RATON, FL 33432 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: MGRM () Delete
Name: AMSE, CHARLES
Address: 19432 38TH COURT
City-St-Zip: SUNNY ISLES, FL 33161 US

Title: MGRM () Delete
Name: HAZAN, ELIZABETH
Address: 3201 NE 183RD ST., #302
City-St-Zip: AVENTURA, FL 33160 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HAZAN, ELIZABETH
Address: 3201 NE 183RD ST., #2302
City-St-Zip: AVENTURA, FL 33160 US

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: ELIZABETH HAZAN

MGRM

07/10/2006

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