

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000068836

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** ENCORE MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

6239 EDGEWATER DRIVE  
D-13  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 607556  
ORLANDO, FL 32860-755

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CERONE, PETER J  
6239 EDGEWATER DRIVE  
D-13  
ORLANDO, FL 32810 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  
Name: CERONE, PETER J  
Address: 6239 EDGEWATER DRIVE, SUITE D-13  
City-St-Zip: ORLANDO, FL 32810

Title: MGRM  
Name: CERONE, MELISSA K  
Address: 6239 EDGEWATER DRIVE, SUITE D-13  
City-St-Zip: ORLANDO, FL 32810

I hereby 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:** PETER CERONE

MGRM

04/30/2011

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