


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90034 009 ****50.00


DOCUMENT # L05000103122	
1. Entity Name FOCUS MANAGEMENT ASSOCIATES, LLC	

Principal Place of Business 550 NORTH REO ST SUITE 300 TAMPA, FL 33609	Mailing Address 550 NORTH REO ST SUITE 300 TAMPA, FL 33609
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
ROTENBERG, LILIYA 19101 MYSTIC POINTE DRIVE TOWER 200, #2311 AVENTURA, FL 33180	

60042392



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3654549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name <u>ROTENBERG LILIYA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>550 N. REO STREET, SUITE 300</u>	
City <u>Tampa</u>	FL <u>33609</u>

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 [Signature] DATE 4/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIN. <u>ROTENBERG, LILIYA</u> <input type="checkbox"/> Delete <u>550 N REO STREET, SUITE 300</u> TAMPA, FL 33609	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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 [Signature] DATE 4/25/07 DAYTIME PHONE # 813-261-5009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE