

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000103834

1. Entity Name
AFFINITY MANAGEMENT GROUP, LLC



Principal Place of Business C/O ALTMAN MANAGEMENT COMPANY 1515 S. FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432	Mailing Address C/O ALTMAN MANAGEMENT COMPANY 1515 S. FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432
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01052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3722041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**POWERS, DAVID J P.A.
 7777 GLADES ROAD, SUITE 300
 BOCA RATON, FL 33434**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$60.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAVALLI, ROBERTO LV 1515 S FED HWY STE 300 BOCA RATON, FL 33432
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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: *by RA Lavalli* Date: *2/29/07* 561 9978661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #