FILED
Aug 31, 2007 8:00 am
Secretary of State
08-31-2007 90066 021 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000013137

1. Entity Name
PATRIARCH PARTNERS MANAGEMENT GROUP, LLC

60055379

Principal Place of Business	Mailing Address
2255 GLADES ROAD 200E BOCA RATON, FL 33431	227 WEST TRADE STREET 1400 CHARLOTTE, NC 28202

07242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4055 Valley View Ln.	
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc.
City & State Dallas, Tx	City & State
Zip 75244 Country USA	Zip Country

4. FEI Number 20-3366449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BANNIGAN, DAWN S
2255 GLADES ROAD
200E
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name Peter Harris
Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Road
200E
City Boca Raton FL Zip Code 33431

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TILTON, LYNN 3575 SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 8/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #