

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014258

FILED
Jan 08, 2007
Secretary of State

Entity Name: PRIVATE ASSET MANAGEMENT GROUP, LLC

Current Principal Place of Business:

6800 PORTO FINO CIRCLE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14490 OLDE HICKORY BLVD
FORT MYERS, FL 33912

New Mailing Address:

6801 PORTO FINO CIRCLE SUITE 2
FORT MYERS, FL 33912

FEI Number: 20-4270305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGIUS, BRENDA
14490 OLDE HICKORY BLVD
FORT MYERS, FL 33912 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: MGR () Delete
Name: NICOLOSI, JOHN
Address: 9670 LAS CASAS DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: MGR () Delete
Name: NICOLOSI, CARL
Address: 14928 BONAIRE CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: AGIUS, BRENDA
Address: 14490 OLDE HICKORY BLVD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

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

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

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

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: JOHN NICOLOSI

MR.

01/08/2007

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