2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2008
Secretary of State

DOCUMENT# L06000088053

Entity Name: ASSET MANAGEMENT ,LLC

Current Principal Place of Business:

2254 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

302 THIRD ST.
ST. SIMONS, GA 31522

New Mailing Address:

FEI Number: 20-5509925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MASSEY, WILLIAM W III P.A
2254 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 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 ( ) Delete
Name: PELLLETIER, JESSICA
Address: 302 THIRD ST
City-St-Zip: ST. SIMONS, GA 31522

Title: MGRM ( ) Delete
Name: PETERS, RHAM-ZEE
Address: 2254 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PELLETIER, JESSICA
Address: 302 THIRD ST
City-St-Zip: ST. SIMONS, GA 31522

Title: MGRM (X) Change ( ) Addition
Name: BARLEY, NIEL
Address: 2254 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify 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: JESSICA PELLETIER MGRM 06/18/2008

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