


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90037 028 \*\*\*\*50.00

<b>DOCUMENT # L06000092252</b>	
1. Entity Name ASSOCIATION LAW GROUP, P.L.	

Principal Place of Business 1666 KENNEDY CAUSEWAY, SUITE 302-A NORTH BAY VILLAGE, FL 33141-4189	Mailing Address 1666 KENNEDY CAUSEWAY, SUITE 302-A NORTH BAY VILLAGE, FL 33141-4189
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2. Principal Place of Business - No P.O. Box # 1666 Kennedy Causeway Suite, Apt. #, etc. Suite 310 City & State North Bay Village, FL Zip 33141	3. Mailing Address P.O. Box 415848 Suite, Apt. #, etc. Miami Beach City & State Florida Zip 33141
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04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5683201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ARNOLD, DAVID C 1666 KENNEDY CAUSEWAY, SUITE 302-A NORTH BAY VILLAGE, FL 33141-4189	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARNOLD, DAVID C 1666 KENNEDY CAUSEWAY, SUITE 302-A NORTH BAY VILLAGE, FL 331414189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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:** David C. Arnold **DAVID C. ARNOLD** 4/20/07 305-938-6922

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