


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000111397 1. Entity Name TRADITIONAL MANAGEMENT GROUP LLC	
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Principal Place of Business 2015 SOUTH TUTTLE AVE. SUITE 1418 SARASOTA, FL 34239 US	Mailing Address 2015 SOUTH TUTTLE AVE. SUITE 1418 SARASOTA, FL 34239 US
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DO NOT WRITE IN THIS SPACE

08012008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8405626	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PARKER, DAVID 2015 SOUTH TUTTLE AVE. SUITE 1418 SARASOTA, FL 34239	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, DAVID 2015 SOUTH TUTTLE AVE. SUITE 1418 SARASOTA, FL 34239
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08/22/08-80002-018 138.75

**DO NOT WRITE
IN THIS SPACE**

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: D Parker, Managing Director July 20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #