

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # L94000000200

**1. Entity Name
ADVANCE MANAGEMENT GROUP, L.C.**



Principal Place of Business

**16622 TRADERS XING
N #202
JUPITER, FL 33477**

Mailing Address

**16622 TRADERS XING
N #202
JUPITER, FL 33477**



04152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0494269**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOUNTAIN, CHARLES T
16622 TRADERS XING
N #202
JUPITER, FL 33477**

**DO NOT WRITE
IN THIS SPACE**

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, 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 May 1, 2004**

**U00000134928
04/28/04-80036-025 50.00**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MOUNTAIN, CHARLES T
16622 TRADERS XING
JUPITER, FL 33477**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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NAME
STREET ADDRESS
CITY - ST - ZIP**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

C.T. Mountain

4/22/04 561 741-1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Authorized Agent