


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002617 1. Entity Name THE RIZZI MANAGEMENT GROUP, LLC	
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Principal Place of Business 15 EAST NORTH ST DOVER, DE 19901	Mailing Address 15 EAST NORTH ST DOVER, DE 19901
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1009831	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PROBST, DANIEL J
3300 PGA BLVD
SUITE 500
PALM BEACH GARDENS, FL 33410**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$50.00
Due by May 1, 2004**

000000019674
01/29/04-80034-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIZZI, GILDA 179 LAKE CAROL DR WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, JOANN 14444 BOXWOOD DR PALM BEACH GARDENS, FL 334188674
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**DO NOT WRITE
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 60B, Florida Statutes.

SIGNATURE:  **JoAnn Johnson** **1/25/04** **561 776-5739**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #