


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004344

1. Entity Name
THE AMANI GROUP, LLC



Principal Place of Business Mailing Address

**2424 FISHER ISLAND DRIVE
 FISHER ISLAND, FL 33109** **2424 FISHER ISLAND DRIVE
 FISHER ISLAND, FL 33109**

DO NOT WRITE IN THIS SPACE



03212005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0136395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2005**

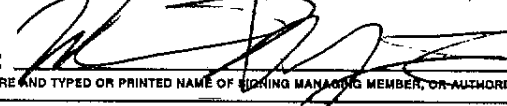
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, WILLIAM H III 2424 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, ANDREA D 2424 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, JUSTIN Y 2424 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 20/05-00149-007 50.00

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:  **4-13-05** **305-673-6589**

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