2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Qualica D. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 31, 2007 8:00 am Secretary of State

DOCUMENT # M0400004344 1. Entity Name THE AMANI GROUP, LLC							01-31-2007 90083 028 ****55.00				
Principal Place of Business 5256 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 Mailing Address 5256 FISHER ISLAND FISHER ISLAND, FL 3											
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address	··-							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01282007	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State		4. FEI Numb 30-032				oplied For		
Zip	Zip Country		Zip Coun		ntry		of Status Desired		\$5.00 Add Fee Require	litional	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered	Agent		
CORPORA	ATION SE	BVICE COMPANY			Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525						ss (P.O. Box Numb	er is Not Acceptable	e) 			
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8. The above the obligat	named entity tions of regist	y submits this statement fo ered agent	r the purpose of changing its	s register	ed office or regis	stered agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept	
	ū	area again.									
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NO)	TE: Registere	d Agent signature requ	uired when reinstating)		DATE			
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/ Fi	iling Fee i ue by May	s \$50.00 y 1, 2007						-	ayable to ent of State	9	
D:	ue by May	y 1, 2007 	DC /MANACEDO	140			Florida	Departm	ent of State	B	
9.	iling Fee i ue by May	s \$50.00 y 1, 2007 MANAGING MEMBE		10.	F .			Departm	ent of State		
9. <u> </u>	MGR	y 1, 2007 	RS/MANAGERS	10. Titl			Florida	Departm	ent of State	Addition	
9. TITLE NAME STREET ADDRESS	MGR GRAY, WI 5256 FISI	MANAGING MEMBE ILLIAM H III HER ISLAND DRIVE		TITL NAM STRI	EET ADDRESS		Florida	Departm	ent of State		
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