

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004344

FILED
Jul 08, 2008
Secretary of State

Entity Name: THE AMANI GROUP, LLC

Current Principal Place of Business:

5256 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Principal Place of Business:

Current Mailing Address:

5256 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Mailing Address:

FEI Number: 30-0321789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAY, WILLIAM H III
Address: 5256 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: MGR () Delete
Name: GRAY, ANDREA D
Address: 5256 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: MGR () Delete
Name: GRAY, JUSTIN Y
Address: 725 5TH ST SE UNIT 23
City-St-Zip: WASHINGTON, DC 20003

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREA D. GRAY

MGR

07/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date