


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 050 ****50.00

DOCUMENT # L00000005085

1. Entity Name
PHAROS GROUP, L.L.C.



Principal Place of Business 7700 W. CAMINO REAL SUITE 100 BOCA RATON, FL 33433	Mailing Address 2201 NW 30TH PLACE, SUITE A POMPANO BEACH, FL 33069
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60025351



02012007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1005595	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

KORNBERG, JOEL MD, JD
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATON, FL 33433

**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENARROCHE, CESAR L 7301-A W. PALMETTO PARK ROAD, SUITE 106C BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ-IVERN, FERNANDO 9960 CENTRAL PARK BOULEVARD S, SUITE 102 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTHSTEIN, LAUREN 7301-A W. PALMETTO PARK ROAD, SUITE 106C BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CPA.COM, INC. 2201 NW 30TH PLACE, SUITE A POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jeffrey S. Stein* _____ *3/20/07* _____

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