


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003204 1. Entity Name 123 GROUP, L.L.C.	
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Principal Place of Business 125 E. INDIANA AVE., STE. A-2 DELAND, FL 32724	Mailing Address 125 E. INDIANA AVE., STE. A-2 DELAND, FL 32724
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01062004 No Chg-LLC CR2E093 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3703353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

MCPAHAN, RICHARD A
125 E. INDIANA AVE., STE. A-2
DELAND, FL 32724

**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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCPAHAN, RICHARD A 125 E. INDIANA AVE., STE. A-2 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLOGG, W. ROBERT P.O. BOX 223 DELAND, FL 327210223
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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 608, Florida Statutes.

SIGNATURE: *[Signature]* 12-7-04 386-736-3799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #