


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90379 045 ****50.00

DOCUMENT # L05000019145

1. Entity Name
THE NASHVILLE GROUP, LLC



Principal Place of Business Mailing Address
105 GILMAN AVENUE **105 GILMAN AVENUE**
NASHVILLE, TN 37205 **NASHVILLE, TN 37205**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

0023906



02092007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
33-1115446 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R
4300 BAYOU BOULEVARD, SUITE 13
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name *Stephen R Moorhead*
 Street Address (P.O. Box Number is Not Acceptable) *25 West Government Street*
 City *Pensacola* FL Zip Code *32502*

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 _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RIPPY, JEFF	
STREET ADDRESS	105 GILMAN AVENUE	
CITY-ST-ZIP	NASHVILLE, TN 37205	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HALLORANS, MIKE	
STREET ADDRESS	414 SUNNYSIDE DRIVE	
CITY-ST-ZIP	NASHVILLE, TN 37205	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOLTON, BRAD	
STREET ADDRESS	73 WHITE BRIDGE ROAD, SUITE 103, BOX 218	
CITY-ST-ZIP	NASHVILLE, TN 37205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jeff Rippy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____