

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jul 02, 2008  
Secretary of State**

DOCUMENT# L05000030025

Entity Name: FLEIS GROUP, LLC

**Current Principal Place of Business:**

1275 S PATRICK DRIVE  
H  
SATELLITE BEACH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

1275 S PATRICK DRIVE  
H  
SATELLITE BEACH, FL 32937 US

**New Mailing Address:**

FEI Number: 20-0191400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLICK, JAMES J  
3203 S CONWAY RD 106  
ORLANDO, FL 32812 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: MGMR ( ) Delete  
Name: FLEIS, EDWARD M  
Address: 1275 S PATRICK DRIVE STE H  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FLEIS, EDWARD M  
Address: 1275 S PATRICK DRIVE STE H  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGR ( ) Change (X) Addition  
Name: FLEIS, BRIAN J  
Address: 1275 S PATRICK DRIVE STE H  
City-St-Zip: SATELLITE BEACH, FL 32937 US

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: EDWARD M FLEIS

MGMR

07/02/2008

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