

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000060010

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** FULCRUM GROUP UNLIMITED LLC

**Current Principal Place of Business:**

2030 LAFAYETTE  
SUITE 9  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

1020 E. LAFAYETTE ST.  
SUITE 205  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2030 LAFAYETTE  
SUITE 9  
TALLAHASSEE, FL 32301

**New Mailing Address:**

1020 E. LAFAYETTE ST6.  
SUITE205  
TALLAHASSEE, FL 32301

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

JONES-COLSTON, JUDY  
2020 WILDRIDGE DR.  
TALLAHASSEE, FL 32312    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  
Name: ROBERTS, RODNEY  
Address: 3143 FERN GLEN DR.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM  
Name: JONES COLSTON, JUDY  
Address: 2020 WILDRIDGE DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM  
Name: BROCKMAN, CAMILLE  
Address: 1205 GARDENIA DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: RICHTER, DORIS  
Address: 809 TAYLOR RD.  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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: JUDY JONES-COLSTON                      MGR                      04/27/2011

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