

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90117 044 ****50.00

DOCUMENT # M03000002990

1. Entity Name

PRIVATE WEALTH GROUP, LLC



Principal Place of Business

501 KNIGHTS RUN AVE., STE. 4106
 TAMPA FL 33602

Mailing Address

501 KNIGHTS RUN AVE., STE. 4106
 TAMPA FL 33602

2. Principal Place of Business

3001 N. ROCKY POINT DR. EAST

Suite, Apt. #, etc.
 SUITE 200

City & State
 TAMPA, FLORIDA

Zip
 33607

Country
 USA

3. Mailing Address

3001 N. ROCKY POINT DR. EAST

Suite, Apt. #, etc.
 SUITE 200

City & State
 TAMPA, FLORIDA

Zip
 33607

Country
 USA



MOORE CR2E083 (11/03)

4. FEI Number

05-1202629

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGUNDO, STEPHEN F
 501 KNIGHTS RUN AVE., STE. 4106
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name SEGUNDO, STEPHEN F.
 Street Address (P.O. Box Number is Not Acceptable)
 3001 N. Rocky Point Dr. East
 Suite 200
 City TAMPA FL Zip Code 33607

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 STEPHEN F. SEGUNDO Managing member

4/29/04
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	SEGUNDO, STEPHEN F	501 KNIGHTS RUN AVE., STE. 4106	TAMPA FL 33602	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Managing Member	SEGUNDO, STEPHEN F.	3001 N ROCKY POINT DR. EAST	TAMPA FL 33607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MEMBER	CURTIS W CAMPBELL	1650 HWY 395, SUITE 102A	MINDEN NV 89423	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER	WILLIAM H COVERLEY	1650 HWY 395, SUITE 102A	MINDEN, NV 89423	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: STEPHEN F. SEGUNDO Managing Member

4/29/04 813-281-5481
 DATE Daytime Phone #