

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004307

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: CEI GROUP, LLC

**Current Principal Place of Business:**

909A S. HIGHWAY 17-92  
DEBARY, FL 32753

**New Principal Place of Business:**

2140 INDUSTRIAL STREET  
HOWELL, MI 48843

**Current Mailing Address:**

909A S. HIGHWAY 17-92  
DEBARY, FL 32753

**New Mailing Address:**

PO BOX 200  
HOWELL, MI 48843

FEI Number: 20-0882112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIGHT, D. FRANK ESQ.  
145 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 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: MGRM ( ) Delete  
Name: COOK, GEORGE J  
Address: 2140 INDUSTRIAL STREET, PO BOX 200  
City-St-Zip: HOWELL, MI 48843

Title: MGRM ( ) Delete  
Name: COOK, JOHN C  
Address: 2140 INDUSTRIAL STREET, PO BOX 200  
City-St-Zip: HOWELL, MI 48843

Title: MGRM ( ) Delete  
Name: LINDSEY, KRISTINE C  
Address: 2140 INDUSTRIAL STREET, PO BOX 200  
City-St-Zip: HOWELL, MI 48843

Title: MGRM ( ) Delete  
Name: COOK, ERIC C  
Address: 2140 INDUSTRIAL STREET, PO BOX 200  
City-St-Zip: HOWELL, MI 48843

Title: MGRM ( ) Delete  
Name: COOK, GEORGE R  
Address: 2140 INDUSTRIAL STREET, PO BOX 200  
City-St-Zip: HOWELL, MI 48843

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KRISTINE C. LINDSEY

MGR

04/23/2009

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