2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/8/2004-90001-049 $55.00 $55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09032004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000012665

1. Entity Name
1100 GROUP, LLC

Principal Place of Business	Mailing Address
11100 SIXTY-SIXTH STREET NORTH SUITE 26 LARGO, FL 33773	11100 SIXTY-SIXTH STREET NORTH SUITE 26 LARGO, FL 33773
2. Principal Place of Business: 11100 66th St N	3. Mailing Address: 11100 66th St N
Suite, Apt. #, etc.: 25	Suite, Apt. #, etc.: 25
City & State: Largo FL	City & State: Largo FL
Zip: 33773 Country: Pinellas	Zip: 33773 Country: Pinellas

4. FEI Number: 04-3673259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAE, WILLIAM J
11100 SIXTY-SIXTH STREET NORTH
SUITE 26
LARGO, FL 33773

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAE, WILLIAM J 11100 SIXTY-SIXTH STREET NORTH LARGO, FL 33773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: William J Rae 9/27/04 727-546-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #