2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Mar 25, 2005 08:00 AM Secretary of State **DOCUMENT # L00000011370** 1. Entity Name GEORGIAN GROUP, LLC Mailing Address Principal Place of Business 4015 BAYSHORE BLVD., SUITE 9B 4015 BAYSHORE BLVD., SUITE 9B TAMPA, FL 33611 TAMPA, FL 33611 01162005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3681655 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SZUTS, SUE ANN DO NOT WRITE 14060 SW 24 ST **DAVIE, FL 33325** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. P TITLE GULUZIAN, GEORGE NAME STREET ADDRESS 4015 BAYSHORE BLVD., SUITE 98 CITY-ST-ZIP TAMPA, FL 33611 03/25/05-80043-024 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED