



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90019 028 ****50.00

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|---|--|--|--|--|---|
| DOCUMENT # L00000016044 1. Entity Name FLORIDA LAW GROUP, L.L.C. | | | |  | |
| Principal Place of Business 3825 HENDERSON BLVD., SUITE 605A TAMPA, FL 33629 | | | Mailing Address 3825 HENDERSON BLVD., SUITE 605A TAMPA, FL 33629 | | |
| 2. Principal Place of Business 3907 HENDERSON BLVD Suite, Apt. #, etc. SUITE 200 | | 3. Mailing Address 3907 HENDERSON BLVD. Suite, Apt. #, etc. SUITE 200 | |  | |
| City & State TAMPA, FLORIDA | | City & State TAMPA, FLORIDA | | 04212005 Chg-LLC CR2E083 (10/03) | |
| Zip 33629 | | Country USA | | 4. FEI Number 59-3690585 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent AUBIN, MARK J 3825 HENDERSON BLVD., SUITE 605A TAMPA, FL 33629 | | | 7. Name and Address of New Registered Agent Name MARK J. AUBIN Street Address (P.O. Box Number is Not Acceptable) 3907 HENDERSON BLVD., SUITE 200 City TAMPA FL Zip Code 33629 | | |
| 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 <u>Mark J. Aubin</u> Mark J. Aubin, Esq. 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LOWE, FREDERICK T 3825 HENDERSON BLVD., SUITE 605A TAMPA, FL 33629 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FREDERICK T. LOWE 3907 HENDERSON BLVD., SUITE 200 TAMPA, FL 33629 |
| | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AUBIN, MARK J 3825 HENDERSON BLVD., SUITE 605A TAMPA, FL 33629 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARK J. AUBIN 3907 HENDERSON BLVD., SUITE 200 TAMPA, FL 33629 |
| | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mark J. Aubin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Mark J. Aubin, Esq. 4/21/05 (813) 288-9525 <small>Date Daytime Phone #</small> | | |