



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001018 1. Entity Name FLORIDA STRATEGIC GROUP, LLC	
--	---

Principal Place of Business 2910 WINTER LAKE ROAD LAKELAND, FL 33803	Mailing Address PO DRAWER 3739 LAKELAND, FL 33802
--	---

DO NOT WRITE IN THIS SPACE

	
07192005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 59-3690981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, KERRY M 141 5TH STREET NW STE 300 WINTER HAVEN, FL 33880
--

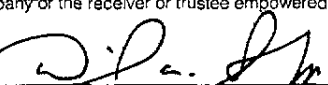
DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP SHEPP, DAVID A 2912 WINTER LAKE RD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KILLEBREW, SAM H JR 2830 WINTER LAKE RD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  David A. Shepp 8/17/05 863 668-8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #