

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 013 ****50.00

20051988



DOCUMENT # L01000010705 1. Entity Name FIRST LIBERTY GROUP, L.L.C.			
Principal Place of Business 3001 EXECUTIVE DR., STE. 200 CLEARWATER, FL 33762-3389		Mailing Address 3001 EXECUTIVE DR., STE. 200 CLEARWATER, FL 33762-3389	
2. Principal Place of Business 2329 Sunset Point Road Suite, Apt. #, etc. Suite 200 City & State Clearwater, FL Zip 33765 Country USA		3. Mailing Address 2329 Sunset Point Rd Suite, Apt. #, etc. Suite 200 City & State Clearwater, FL Zip 33765 Country USA	
4. FEI Number 59-3733752		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BYINGTON, C. KEITH 3001 EXECUTIVE DRIVE SUITE 200 CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name Byington, C. Keith Street Address (P.O. Box Number is Not Acceptable) 2329 Sunset Point Road Suite 200 City Clearwater FL Zip Code 33765	
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 C. Keith Byington, Managing Member DATE 04/29/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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 BYINGTON, C. KEITH 3001 EXECUTIVE DRIVE, SUITE 200 CLEARWATER, FL 33762	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Byington, C. Keith 2329 Sunset Point Road, Suite 200 Clearwater, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jacqueline Davison, Jacqueline Davison 4/29/05 (727) 455-6966 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			