

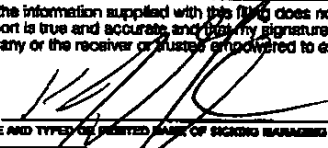


FILED
Apr 15, 2008 8:00 am
Secretary of State

03-14-2008 90200 023 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000089			
1. Entity Name WARRINGTON GROUP, L.L.C.			
Principal Place of Business 677 EAST MAIN STREET GENEVA, OH 44041		Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255	
2. Principal Place of Business - No P.O. Box # 34 Patton Dr.		3. Mailing Address P.O. Box 836	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Tarpon Springs, FL	
Zip 32507		Country USA	
Zip 34688		Country USA	
4. FEI Number 02-0539493		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSBACHER & SCHNEIDER, P.A. 5150 BELFORD ROAD BUILDING 100 JACKSONVILLE, FL 32258		7. Name and Address of New Registered Agent Name Keith A. Ringelspaugh, P.A. Street Address (P.O. Box Number is Not Acceptable) 3347 49th Street North City St. Petersburg FL 33710	
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 file if applicable. (NOTE: Registered Agent signature required when registering)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		DATE 4/11/2008	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAIERL, WILLIAM R 677 EAST MAIN STREET GENEVA, OH 44041 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kevin Geigle P.O. Box 836 Tarpon Springs, FL 34688 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLNAR, LOUIS W 677 EAST MAIN STREET GENEVA, OH 44041 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M&L PARTNERS PO BOX 11067 PITTSBURGH, PA 15237 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONOUGH, THOMAS J 1000 GRANDVIEW AVE 505 PITTSBURGH, PA 15211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: 		Kevin Geigle 3/11/2008 727-943-3925	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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