

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90079 028 \*\*\*\*50.00

**60021473**



01082007 Chg-LLC CR2E083 (12/06)

|  |  |                     |  |  |  |
|--|--|---------------------|--|--|--|
| DOCUMENT # L02000007105  |  |                     |  |  |  |
| 1. Entity Name<br>GROUP 283, LLC   |  |                     |  |  |  |
| Principal Place of Business<br>8281 E. CR 30A<br>PANAMA CITY BEACH, FL 32413 |  |                     | Mailing Address<br>PO BOX 611655<br>ROSEMARY BEACH, FL 32461 |  |  |
| 2. Principal Place of Business - No P.O. Box #                               |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |  |  |
| City & State   |  | City & State        |  | 4. FEI Number<br>02-0583038  |  |
| Zip  |  | Country             |  | Applied For<br>Not Applicable  |  |
| Zip  |  | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent                    |  |  | 7. Name and Address of New Registered Agent        |  |  |
| BELCOURT, DAVID W<br>8781 E. CR 30A<br>PANAMA CITY BEACH, FL 32413 |  |  | Name   |  |  |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |
|  |  |  | City   |  |  |
|  |  |  | FL   |  |  |
|  |  |  | Zip Code   |  |  |

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: David W. Belcourt, mgr. DATE: 3/2/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>O'BRIEN, MICHAEL<br>2277 ROSEBERRY LANE<br>GRAYSTON, GA 30017 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BELCOURT, DAVID W<br>P.O. BOX 611655<br>ROSEMARY BEACH, FL 32461 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

*PD. #  
 CK-  
 3/2/07*

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: David W. Belcourt DATE: 3/2/07 850-685-5617  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #