


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90266 023 ***138.75

DOCUMENT # L02000007105	
1. Entity Name GROUP 283, LLC	

Principal Place of Business 8281 E. CR 30A PANAMA CITY BEACH, FL 32413	Mailing Address PO BOX 611655 ROSEMARY BEACH, FL 32461
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60015406



2. Principal Place of Business - No P.O. Box # 110 LOGAN LANE	3. Mailing Address SAME AS ABOVE ...
Suite, Apt. #, etc. SUITE 3	Suite, Apt. #, etc.
City & State SANTA ROSA BEACH, FL	City & State
Zip 32459	Country USA

03132008 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0583038	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BELCOURT, DAVID W 8781 E. CR 30A PANAMA CITY BEACH, FL 32413	
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7. Name and Address of New Registered Agent Name DAVID W. Belcourt Street Address (P.O. Box Number is Not Acceptable) 110 LOGAN LANE SUITE 3 City SANTA ROSA BEACH FL Zip Code 32459	
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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>David W. Belcourt</u> DATE <u>3/12/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'BRIEN, MICHAEL 2277 ROSEBERRY LANE GRAYSTON, GA 30017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 302 N. SPRING BLVD. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELCOURT, DAVID W P.O. BOX 611655 ROSEMARY BEACH, FL 32461 <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
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
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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: <u>David W. Belcourt</u> <u>3/12/08</u> <u>850-231-0517</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	
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