


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**

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.
 (blank)

03132008 Chg-LLC CR2E083 (12/06)

City & State
SANTA ROSA BEACH, FL

City & State
 (blank)

Zip
32459

Country
USA

Zip
 (blank)

Country
 (blank)

4. FEI Number
02-0583038

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**BELCOURT, DAVID W
 8781 E. CR 30A
 PANAMA CITY BEACH, FL 32413**

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

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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 DATE 3/12/08

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

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: David W. Belcourt DATE 3/12/08 850-231-0517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #