2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000009858

1. Entity Name
THE PRESERVE GROUP, LLC

FILED
May 27, 2004 8:00 am
Secretary of State

04-28-2004 90072 011 ****55.00

Principal Place of Business	Mailing Address
989 TAMIAMI TRAIL PORT CHARLOTTE, FL 33948	989 TAMIAMI TRAIL PORT CHARLOTTE, FL 33948

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33953 Country	Zip 33953 Country

04232004   Chg-LLC   CR2E083 (10/03)

4. FEI Number
20 - 1082635

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCKINLEY, MICHAEL R 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT NAME DEGROSS, DEAN R STREET ADDRESS 4211 EAGLE NEST CT CITY-ST-ZIP PORT CHARLOTTE, FL 33948	☐ Change. ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   04-26-04 (941) 629-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #