

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024846

Entity Name: GROUP POCKET, L.L.C.

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

390 TWELVE OAKS DR.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

PO BOX 195896
WINTER SPRINGS, FL 32719

New Mailing Address:

1170 TREE SWALLOW DR.
SUITE 306
WINTER SPRINGS, FL 32708

FEI Number: 51-0495266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POCOCK, DOUGLAS P
390 TWELVE OAKS DR.
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POCOCK, DOUGLAS P
Address: 390 TWELVE OAKS DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: POCOCK, JAN E
Address: 390 TWELVE OAKS DR
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS P POCOCK

MGR

03/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date