2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# L03000024846

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

Current Principal Place of Business:

390 TWELVE OAKS DR.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0495266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 05/18/2009

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