
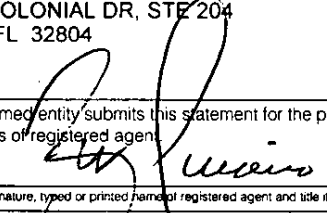
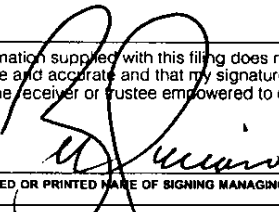


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90374 043 ****50.00

DOCUMENT # L03000027202					
1. Entity Name THE FIRM FINANCIAL GROUP, LLC					
Principal Place of Business 10301 US HIGHWAY 27 SUITE 59 CLERMONT, FL 34711 US			Mailing Address 10301 US HIGHWAY 27 SUITE 59 CLERMONT, FL 34711 US		
2. Principal Place of Business - No P.O. Box # 104 SANTIAGO DRIVE		3. Mailing Address 104 SANTIAGO DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JUPITER, FL		City & State JUPITER, FL		05032007 Chg-LLC CR2E083 (12/06)	
Zip 33458		Country		4. FEI Number 14-1890597	
City & State JUPITER, FL		City & State JUPITER, FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33458		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KHAN, NISHAD A ESQ SEMPER WOODS, P.A. 425 WEST COLONIAL DR, STE 204 ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name BILL PICCIANO Street Address (P.O. Box Number is Not Acceptable) 104 SANTIAGO DRIVE City Jupiter FL Zip Code 33458		
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  DATE 5/3/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCONI, PAUL 10301 US HIGHWAY 27, SUITE 59 CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILL PICCIANO 104 SANTIAGO DRIVE JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICCIANO, DAVID 17565 DEER ISLE CIRCLE WINTER GARDEN, FL 34787	<input checked="" 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	
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	
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: 			Date 5/3/07 Daytime Phone # 561-627-5545		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					