


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90027 009 ****50.00

DOCUMENT # L03000043146	
1. Entity Name PREDICTIVE TECHNOLOGIES GROUP, LLC	

Principal Place of Business 25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544	Mailing Address 25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544
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2. Principal Place of Business - No P.O. Box # 5807 Old Pasco Road	3. Mailing Address 5807 Old Pasco Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062007 Chg-LLC CR2E083 (12/06)


City & State Wesley Chapel, FL	City & State Wesley Chapel, FL
Zip 33544	Country USA
Zip 33544	Country USA

4. FEI Number 20-0372244	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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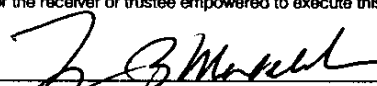
6. Name and Address of Current Registered Agent MENDELSON, LOUIS B 25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544	
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7. Name and Address of New Registered Agent Name Mendelsohn, Louis B. Street Address (P.O. Box Number is Not Acceptable) 5807 Old Pasco Road City Wesley Chapel FL Zip Code 33544	
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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 	LOUIS B. MENDELSON	DATE 1/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDELSON, LOUIS B 25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5807 Old Pasco Road Wesley Chapel, FL 33544 <input checked="" 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: 	LOUIS B. MENDELSON MANAGER	DATE 1/8/07 813-973-0496
Signature and typed or printed name of signing managing member, manager, or authorized representative		