FILED
Jun 04, 2007 8:00 am
Secretary of State
04-26-2007 90027 023 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000052000

1. Entity Name
SRG HOLDING GROUP, LLC

Principal Place of Business	Mailing Address
1817 N. LAURA STREET JACKSONVILLE, FL 32206 US	1817 N. LAURA JACKSONVILLE, FL 32206 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
126 EAST 7TH ST	126 EAST 7TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32206 Country: USA	Zip: 32206 Country: USA

02242007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-0465228 — 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
SWEET, BARBARA G 1562 ALFORD PLACE SUITE 1 JACKSONVILLE, FL 32207	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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must sign within reinstating) DATE

ENTERED

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BISSETTE, MACK D	NAME	
STREET ADDRESS	1817 N. LAURA STREET	STREET ADDRESS	126 EAST 7TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DEES, MICHAEL L	NAME	
STREET ADDRESS	1817 N. LAURA STREET	STREET ADDRESS	101 GAILLARDIA LOOP
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JOHNSON, WAYNE E II	NAME	
STREET ADDRESS	1817 N. LAURA STREET	STREET ADDRESS	145 W 3RD STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	JACKSONVILLE FL 32206
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #