2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055884

Entity Name: BRAVE HEARTS GROUP "LLC"

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1223 SADDLEBACK RIDGE RD. 949 NORTH US HWY 301 APOPKA, FL 32703 US SUMTERVILLE, FL 33585 US

Current Mailing Address: New Mailing Address:

1223 SADDLEBACK RIDGE RD. 949 NORTH US HWY 301 APOPKA, FL 32703 US SUMTERVILLE, FL 33585 US

FEI Number: 73-1689839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARAH, JOHN N
1223 SADDLEBACK RIDGE RD.
APOPKA, FL 32703 US

FARAH, JOHN N
949 NORTH US HWY 301
SUMTERVILLE, FL 33585 US

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: JOHN N. FARAH 04/29/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MEMB (X) Change () Addition
Name: SLEDGE ANNA Y Name: SLEDGE ANNA Y

Name: SLEDGE, ANNA Y Name: SLEDGE, ANNA Y
Address: 1223 SADDLEBACK RIDGE RD. Address: 1223 SADDLEBACK RIDGE RD.

City-St-Zip: APOPKA, FL 32703 US City-St-Zip: APOPKA, FL 32703 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: FARAH, JOHN N Name: FARAH, JOHN N

Address: 1223 SADDLEBACK RIDGE RD Address: 949 NORTH US HWY 301
City-St-Zip: APOPKA, FL 32703 US City-St-Zip: SUMTERVILLE, FL 33583 US

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 SLEDGE, ANNA Y
 Name:

 Address:
 1223 SADDLEBACK RIDGE RD.
 Address:

 City-St-Zip:
 APOPKA, FL 32703 FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN N. FARAH MGRM 04/29/2005