

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004068

FILED
Feb 09, 2006
Secretary of State

Entity Name: THE ORMOND GROUP, LLC

Current Principal Place of Business:

252 ELLICOTT DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

252 ELLICOTT DRIVE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 20-0642456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, JOSHUA C
252 ELLICOTT DRIVE
ORMOND BEACH, FL 32176 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: MGRM () Delete
Name: MEAD, JOSHUA C
Address: 252 ELLICOTT DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM () Delete
Name: BALSANO, LOUIS J
Address: 2319 BONNIE VIEW DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM () Delete
Name: MEAD, EZRA M
Address: 52 FRANKLIN AVENUE
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BALSANO, LOUIS J
Address: 12 TIPPERARY LANE
City-St-Zip: ORMOND BEACH, FL 32176

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSHUA C. MEAD

MGRM

02/09/2006

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