2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000008296

1. Entity Name
510 GROUP, L.L.C.

Principal Place of Business	Mailing Address
3885 20TH STREET SUITE 201 VERO BEACH, FL 32960 US	P.O. BOX 5200 VERO BEACH, FL 32961 US

DO NOT WRITE IN THIS SPACE

04162007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0663334	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHAD
750 LAEK DRIVE
VERO BEACH, FL 32963

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee Is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KELLY, CHAD
STREET ADDRESS	P.O. BOIX 5200
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	MGR
NAME	BYNUM, J. KEVIN
STREET ADDRESS	1970 122ND AVE.
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/24/07-80059-025 50.00

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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: _____   5-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #