FILED
May 20, 2005 8:00 am
Secretary of State

04-25-2005 90095 024 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011702

1. Entity Name
GROUP 18, LLC

Principal Place of Business
535 PARK AVENUE NORTH, STE. 224
WINTER PARK, FL 32789

Mailing Address
535 PARK AVENUE NORTH, STE. 224
WINTER PARK, FL 32789

30006890

02162005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number: x Not Applicable ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
~~20 WEST CENTRAL BLVD., STE. 401~~
~~ORLANDO, FL 32801~~
~~P.O. Box 1508~~ 535 N. Park Ave. Suite # 224
Winter Park, FL ~~32790~~ 32789

7. Name and Address of New Registered Agent

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 ______ DATE
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WILLIAMS, WARREN E ~~20 WEST CENTRAL BLVD., STE. 401~~ ~~ORLANDO, FL 32801~~	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 1508 Winter Park, FL 32790	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: X Warren E. Williams 407-629-9082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #