2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000011702

Entity Name: GROUP 18, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

535 N PARK AVENUE
STE 224
WINTER PARK, FL 32789

Current Mailing Address:

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

New Mailing Address:

PO BOX 1508
WINTER PARK, FL 32790

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WARREN E
535 N. PARK AVE
SUITE 224
WINTER PARK, FL 32789 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: MGR ( ) Delete
Name: GARBE, UBO
Address: P O BOX 1508
City-St-Zip: WINTER PARK, FL 32790

Title: MGR ( ) Delete
Name: GARBE, ANGELIKA
Address: PO BOX 1508
City-St-Zip: WINTER PARK, FL 32790

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GARBE, UDO
Address: P O BOX 1508
City-St-Zip: WINTER PARK, FL 32790

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

I hereby certify that the information supplied with this filing does not qualify 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: UDO GARBE MGR 04/30/2009

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