2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2007
Secretary of State

DOCUMENT# L04000018716

Entity Name: BIZ GROUP, LLC

Current Principal Place of Business:

140 WHITAKER RD.
LUTZ, FL 33549 US

New Principal Place of Business:

4505 HUDSON LN
TAMPA, FL 33618 US

Current Mailing Address:

140 WHITAKER RD.
LUTZ, FL 33549 US

New Mailing Address:

4505 HUDSON LN
TAMPA, FL 33618 US

FEI Number: 05-0597361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUQUAINE, DOUGLAS
4505 HUDSON LN.
TAMPA, FL 336185346 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: DUQUAINE, DOUGLAS
Address: 4505 HUDSN LN
City-St-Zip: TAMPA, FL 336185346

Title: MGRM ( ) Delete
Name: LOPEZ, FRANK E
Address: 140 WHITAKER RD.
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DUQUAINE, DOUGLAS
Address: 4505 HUDSON LN
City-St-Zip: TAMPA, FL 336185346

Title: MGRM (X) Change ( ) Addition
Name: DUQUAINE, DONALD
Address: 4505 HUDSON LN
City-St-Zip: TAMPA, FL 336185346

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: DOUGLAS DUQUAINE MGRM 05/06/2007

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