

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90104 003 ****50.00

| | | | | | |
|--|---|---------------------------|--|---------------------------------------|--|
| DOCUMENT # L04000022239 | | | | | |
| 1. Entity Name THE AEGIS GROUP, LLC | | | | | |
| Principal Place of Business 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 US | | | Mailing Address 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 90-0155878 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130 | | | 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 _____ (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 KATZ, SHELDON 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KATZ, JERRY 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIPSKER, ROSS 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date | | | | | |
| Daytime Phone # | | | | | |