


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000022239 1. Entity Name THE AEGIS GROUP, LLC |  |
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| Principal Place of Business 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 US | Mailing Address 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 US |
|--|--|

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01072008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 90-0155878 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

JP ASSOCIATES
6021 NW 31ST AVE
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

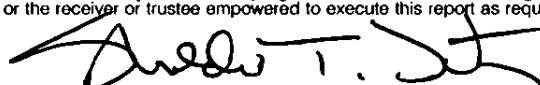
'FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KATZ, SHELDON 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KATZ, JERRY 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIPSKER, ROSS 13299 ALHAMBRA LAKE CIRCLE DELRAY BEACH, FL 33446 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000777064
01/09/08-80050-005 138.75

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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:  **1/7/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #