



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90182 015 ****55.00

DOCUMENT # L04000023056 1. Entity Name THE SOLUTIONS GROUP OF SOUTH FLORIDA, LLC					
Principal Place of Business 14904 SW 35TH ST DAVIE, FL 33331 US			Mailing Address PO BOX 451886 SUNRISE, FL 33345 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 451935 Suite, Apt. #, etc.			
City & State SUNRISE, FL		City & State SUNRISE, FL		4. FEI Number 01132005 Chg-LLC CR2E083 (10/03)	
Zip 33345		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODGERS, DENISE L 2356 NW 138TH DRIVE SUNRISE, FL 33323				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14904 SW 35th STREET City DAVIE FL Zip Code 33331	
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODGERS, DENISE L 2356 NW 138TH DRIVE SUNRISE, FL 33345	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	14904 SW 35th STREET DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  January 13, 2005 954.439.4098 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					