

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026316

Entity Name: 612 GROUP, LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

604 LAKE AVENUE
LAKE WORTH, FL 33460

New Principal Place of Business:

508 SW 6TH AVE
FORT LAUDERDALE, FL 33315

Current Mailing Address:

604 LAKE AVENUE
LAKE WORTH, FL 33460

New Mailing Address:

508 SW 6TH AVE
FORT LAUDERDALE, FL 33315

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

MITCH, TAYLOR CPA
1251 SOUTH FEDERAL HIGHWAY
SUITE 110
BOCA RATON, FL 33432 US

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: MITCH TAYLOR, CPA

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CUSTER, ANDY M
Address: 604 LAKE AVENUE
City-St-Zip: LAKE WORTH, FL 33460

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CUSTER, ANDY M
Address: 604 LAKE AVENUE
City-St-Zip: LAKE WORTH, FL 33460

Title: MGR () Change (X) Addition
Name: ZIFFER, ANDREW J
Address: 508 SW 6TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW J ZIFFER

MGR

04/27/2005

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