## 2008 LIMITED LIABILITY COMPANY

## Feb 21, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L04000038645 02-21-2008 90066 049 \*\*\*138.75 PRIVATE INVESTORS GROUP, L.L.C. Principal Place of Business Mailing Address 5514 PARK BLVD 5514 PARK BLVD PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) City & State City & State 4 FELNumber Applied For 20-1570995 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired ---Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGLANDER, LEONARD S 721 FIRST AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) ST.PETERSBURG, FL City 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 Signature, typed or printed name of registered agent and title if appricable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR WLE ☐ Delete TITLE ☐ Change ☐ Addition STROSS, JOHN E NAME NAME STREET ADDRESS 3010 82 WAY STREET ADDRESS CITY - ST-7IP SAINT PETERSBURG, FL 33710 CITY-ST-ZIP THE ☐ Defete TITLE ☐ Change ☐ Addition BRODERICK, ROGER B MAME MARKE 5514 PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CTTY-ST-ZIP HILLE ☐ Delete THE ☐ Change ☐ Addition SOLOMON, JOEL B NAME NAME STREET ADDRESS P.O. BOX 3303 STREET ADDRESS CHY-\$1-7IP PINELLAS PARK, FL 33780 CITY-ST-ZIP Delete THUE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-S1-7IP THEF ☐ Delete THE ☐ Change Addition NAME

11. I hereby certify that the information supplied with this filling 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.

Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CHTY-ST-ZIP

HILE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition

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