

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039491

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: OPFOR GROUP LLC

**Current Principal Place of Business:**

313 YACHT CLUB DR NE  
FT WALTON BEACH, FL 325486423 US

**New Principal Place of Business:**

**Current Mailing Address:**

313 YACHT CLUB DR NE  
FT WALTON BEACH, FL 325486423 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLOYER, STANLEY F  
Address: 313 YACHT CLUB DR NE  
City-St-Zip: FT. WALTON BEACH, FL 325486423 US

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Name: BLOYER, STANLEY F  
Address: 313 YACHT CLUB DR NE  
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Title: MGRM (X) Delete  
Name: BLOYER, STANLEY F  
Address: 313 YACHT CLUB DR NE  
City-St-Zip: FT. WALTON BEACH, FL 325486423 US

Title: MGRM (X) Delete  
Name: BLOYER, HARMKE F  
Address: 313 YACHT CLUB DR NE  
City-St-Zip: FT. WALTON BEACH, FL 325486423 US

Title: MGRM (X) Delete  
Name: BLOYER, HARMKE F  
Address: 313 YACHT CLUB DR NE  
City-St-Zip: FT. WALTON BEACH, FL 325486423 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: BLOYER, HARMKE F  
Address: 313 YACHT CLUB DR NE  
City-St-Zip: FT. WALTON BEACH, FL 325486423 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STANLEY F BLOYER

MGRM

02/20/2009

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