

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000042739

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

**Entity Name:** MASTERS GROUP INTERNATIONAL, LLC

**Current Principal Place of Business:**

175 SEAVIEW STREET  
MELBOURNE, FL 32951

**New Principal Place of Business:**

388 N. POINT CRT  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

175 SEAVIEW STREET  
MELBOURNE, FL 32951

**New Mailing Address:**

388 N. POINT CRT  
SATELLITE BEACH, FL 32937

**FEI Number:** 20-0110447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KINBERG, EDWARD J  
1290 W. EAU GALLIE BLVD  
MELBOURNE, FL 32935 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: MASTERS, SHERIE R  
Address: 175 SEAVIEW STREET  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MASTERS, SHERIE R  
Address: 388 N. POINT CRT  
City-St-Zip: SATELLITE BEACH, FL 32937 US

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: SHERIE MASTERS

MGRM

04/03/2009

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