

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


9/1/2005-90052-004-\$50.00-\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 20 AM 10:27

**DOCUMENT # L04000044129**

1. Entity Name  
THE FLORIDA PLANNING GROUP, LLC



Principal Place of Business  
3679 WEBBER STREET  
SARASOTA, FL 34232

Mailing Address  
3679 WEBBER STREET  
SARASOTA, FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



06282005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**83-0392946**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAGER, PETER G  
3679 WEBBER STREET  
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when reinstating.

**Filing Fee is \$50.00  
Due by September 7, 2005**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAGER, PETER G 1832 COHORWOOD TR SARASOTA, FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, JAN A 6138 TURNBURY PK DR 6206 SARASOTA, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> 2005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: *[Signature]* MGRM **6/10/05** 571-924-6882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #