
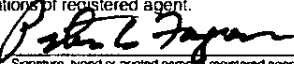



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90257 036 ****55.00

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 - No P.O. Box # 5210 PAYLOR LANE Suite, Apt. #, etc. LAKEWOOD RANCH, FL City & State		3. Mailing Address 5210 PAYLOR LANE Suite, Apt. #, etc. LAKEWOOD RANCH, FL City & State			
Zip 34240		Country USA		Zip 34240	
Country USA		4. FEI Number 83-0392946			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 NO CHANGE 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  4/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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 FAGER, PETER G. 1832 COTTONWOOD TR SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROTH, JAN A 6138 TURNBURY PK DR 6206 SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing 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.					
SIGNATURE  Peter G Fager 4/29/07 941-373-1870 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					