

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

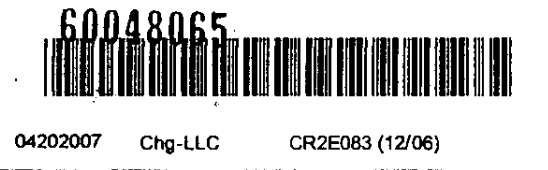
05-03-2007 90257 036 \*\*\*\*55.00

DOCUMENT # L04000044129  
 1. Entity Name  
 THE FLORIDA PLANNING GROUP, LLC



Principal Place of Business      Mailing Address  
 3679 WEBBER STREET      3679 WEBBER STREET  
 SARASOTA, FL 34232      SARASOTA, FL 34232

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**5210 PAYLOR LANE**      **5210 PAYLOR LANE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**LAKEWOOD RANCH, FL**      **LAKEWOOD RANCH, FL**  
 City & State      City & State



4. FEI Number      Applied For  
 83-0392946      Not Applicable

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

Zip      Country      Zip      Country  
**34240**      **USA**      **34240**      **USA**

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: ~~None~~ **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 obligation of registered agent.  
 SIGNATURE: *Peter G Fager*      DATE: **4/29/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**      **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	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		<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 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*      Peter G Fager      4/29/07      941-373-1870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #