

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052890

Entity Name: IMX GROUP, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

109 AMORA AVENUE
VENICE, FL 34285

New Principal Place of Business:

1000 S. HARBOUR ISLAND BLVD.
#2407
TAMPA, FL 33602

Current Mailing Address:

109 AMORA AVENUE
VENICE, FL 34285

New Mailing Address:

1000 S. HARBOUR ISLAND BLVD.
#2407
TAMPA, FL 33602

FEI Number: 20-1376730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LENNON, EDMUND S
109 AMORA AVENUE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

LENNON, EDMUND S
1000 S. HARBOUR ISLAND BLVD
#2407
TAMPA, FL 33602 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LENNON, EDMUND S
Address: 109 AMORA AVE
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: LENNON, NANCY S
Address: 109 AMORA AVE
City-St-Zip: VENICE, FL 34285 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LENNON, EDMUND S
Address: 1000 S. HARBOUR ISLAND BLVD
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM (X) Change () Addition
Name: LENNON, NANCY S
Address: 1000 S. HARBOUR ISLAND BLVD
City-St-Zip: TAMPA, FL 33602 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: EDMUND S. LENNON

MGRM

04/28/2009

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