2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# L04000053215

Entity Name: THE PS GROUP, LLC

Current Principal Place of Business:

5767 PERSIMMON WAY
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

5767 PERSIMMON WAY
NAPLES, FL 34110

New Mailing Address:

FEI Number: 74-3126870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STOUT, BONNIE K
5767 PERSIMMON WAY
NAPLES, FL 34110 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: STOUT, BONNIE K
Address: 5767 PERSIMMON WAY
City-St-Zip: NAPLES, FL 34110

Title: MGRM ( ) Delete
Name: PASTEUR, MARION T JR.
Address: 4500 NW 95TH AVENUE ROAD
City-St-Zip: OCALA, FL 34482

Title: MGRM ( ) Delete
Name: THOMAS, JAMES E
Address: 907 SE 10TH AVENUE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES E. THOMAS MGRM 07/05/2005

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