2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L04000053215

Entity Name: THE PS GROUP, LLC

Current Principal Place of Business:

27 N.E. 10TH AVENUE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3898
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 74-3126870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JAMES E
907 S.E. 10TH AVE.
OCALA, FL 34471 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:	826 CHATFIELD WAY	
City-St-Zip:	LAKE MARY, FL 32746 US	
Title:	MGRM	( ) Delete
Name:	PASTEUR, MARION T JR.	
Address:	4500 NW 95TH AVENUE ROAD	
City-St-Zip:	OCALA, FL 34482 US	
Title:	MGRM	( ) Delete
Name:	THOMAS, JAMES E	
Address:	907 SE 10TH AVENUE	
City-St-Zip:	OCALA, FL 34471 US	

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 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: JAMES E. THOMAS MGRM 01/15/2009

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