

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057880

Entity Name: DFG GARDENS GROUP LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2755 E. OAKLAND PARK BLVD
SUITE 300
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2755 E. OAKLAND PARK BLVD
SUITE 300
FT. LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, PAUL J
2755 E. OAKLAND PARK BLVD
SUITE 300
FT. LAUDERDALE, FL 33306 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: GOLDSTEIN, DAVID F
Address: 2755 E. OAKLAND PK. BLVD #300
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGRM () Delete
Name: WOOLF, JACKIE Z
Address: 2755 E. OAKLAND PARK BLVD. #300
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGRM () Delete
Name: LANE, PAUL J
Address: 2755 E. OAKLANE PARK BLVD. #300
City-St-Zip: FT. LAUDERDALE, FL 33306

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: DAVID GOLDSTEIN

MGR

04/29/2009

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