
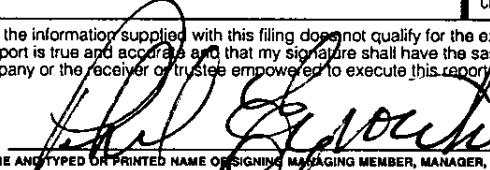


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90037 021 \*\*\*\*50.00

<b>DOCUMENT # L04000063709</b> 1. Entity Name <b>NUMBER 7 GROUP, L.L.C.</b>					
Principal Place of Business <b>FIRST UNION CENTER</b> <b>100 S. ASHLEY DRIVE, SUITE 1720</b> <b>TAMPA, FL 33602</b>			Mailing Address <b>FIRST UNION CENTER</b> <b>100 S. ASHLEY DRIVE, SUITE 1720</b> <b>TAMPA, FL 33602</b>		
2. Principal Place of Business <b>4003 W. Tacon St.</b>		3. Mailing Address <b>P.O. Box 457</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tampa, FL.</b>		City & State <b>Clearwater, FL.</b>		4. FEI Number <b>20-2305521</b>	
Zip <b>33629</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33629</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PUTERBAUGH, ROBERT E</b> <b>225 E. LEMON STREET, SUITE 300</b> <b>LAKELAND, FL 33801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESPOSITO, PHIL 400 S. ASHLEY DRIVE, SUITE 1720 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAUL, HENRY L 100 S. ASHLEY DRIVE, SUITE 1720 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESPOSITO, TONY 100 S. ASHLEY DRIVE, SUITE 1720 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESPOSITO, TONY 100 S. ASHLEY DRIVE, SUITE 1720 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESPOSITO, TONY 100 S. ASHLEY DRIVE, SUITE 1720 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESPOSITO, TONY 100 S. ASHLEY DRIVE, SUITE 1720 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESPOSITO, TONY 100 S. ASHLEY DRIVE, SUITE 1720 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESPOSITO, TONY 100 S. ASHLEY DRIVE, SUITE 1720 TAMPA, FL 33602	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: <b>April 25/05</b>					