

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90013 033 ****50.00

DOCUMENT # L04000063709

1. Entity Name
NUMBER 7 GROUP, L.L.C.



Principal Place of Business
**4003 WEST TACON STREET
TAMPA, FL 33629 US**

Mailing Address
**P.O. BOX 457
CLEARWATER, FL 33757 US**

TACON STREET

20027768



02132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2305521

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PUTERBAUGH, ROBERT E
225 E. LEMON STREET, SUITE 300
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ESPOSITO, PHIL
4003 WEST TACON STREET
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WHITMAN, WAYNE
P.O. BOX 457
CLEARWATER, FL 33757**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Wayne Whitman
WAYNE WHITMAN

2-21-06