
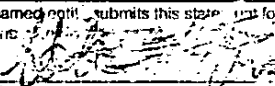



FILED
Feb 03, 2005 8:00 am
Secretary of State

20007339

DOCUMENT # L04000064050		02-03-2005 90112 007 ****55.00	
1. Entity Name PRODUCTIVE GROUP, L.L.C.			
Principal Place of Business 10229 MIKADO LANE ROYAL PALM BEACH, FL 33411		Mailing Address 10229 MIKADO LANE ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business		3. Mailing Address PO Box 210034	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Royal Palm Beach	
Zip	Country	Zip	Country
33421			
6. Name and Address of Current Registered Agent KULOTHUNGAN, VASANTHA 10229 MIKADO LANE ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 obligation.			
SIGNATURE 		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KULOTHUNGAN, SAMUEL 10229 MIKADO LANE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SAMUEL KULOTHUNGAN		Date: 1-30-2005 561-324-5566	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	