

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071585

Entity Name: MASI GROUP, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 827011
PEMBROKE PINES, FL 330827011 US

New Principal Place of Business:

15841 PINES BLVD.
321
PEMBROKE PINES, FL 33027 US

Current Mailing Address:

P.O. BOX 827011
PEMBROKE PINES, FL 330827011 US

New Mailing Address:

P.O. BOX 773001
OCALA, FL 344773001 US

FEI Number: 20-1707300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEREDITH, M.
15841 PINES BLVD #321
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

RINCON, M.
13350 SW 1ST STREET.
P-114
PEMBROKE PINES, FL 33027 US

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: MARIA RINCON

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEREDITH, S
Address: P.O. BOX 827011
City-St-Zip: PEMBROKE PINES, FL 330827011

Title: MGRM () Delete
Name: MEREDITH, M
Address: P.O. BOX 827011
City-St-Zip: PEMBROKE PINES, FL 330827011

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEREDITH, S
Address: P.O. BOX 773001
City-St-Zip: OCALA, FL 344773001

Title: MGRM (X) Change () Addition
Name: MEREDITH, M
Address: P.O. BOX 773001
City-St-Zip: OCALA, FL 344773001

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: MARTHA MEREDITH

MGRM

04/30/2007

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