

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072070

FILED
May 09, 2005
Secretary of State

Entity Name: FIRST FIDELITY GROUP, L.L.C.

Current Principal Place of Business:

6011 RODMAN STREET, #102
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

6011 RODMAN STREET, #102
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 76-0772963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRAVERMAN, STEVEN D
8751 WEST BROWARD BOULEVARD, SUITE 206
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BRAVERMAN, STEVE D
8751 W BROWARD BLVD
206
PLANTATION, FL 33023 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: STEVE BRAVERMAN

05/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SINGER, RANDY
Address: 6011 RODMAN STREET, #102
City-St-Zip: HOLLYWOOD, FL 33023

Title: MGRM (X) Delete
Name: KREVOY, CARY
Address: 3406 LEHIGH ROAD
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

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 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 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: RANDY SINGER

MGRM

05/09/2005

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