


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90105 018 ****50.00

DOCUMENT # L04000074621	
1. Entity Name THE CENSUM GROUP, LLC	

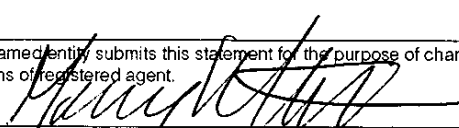
Principal Place of Business 2813 S. HIAWASSEE RD. STE. 304 ORLANDO FL 32835 US	Mailing Address 2813 S. HIAWASSEE RD. STE. 304 ORLANDO FL 32835 US
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20052383

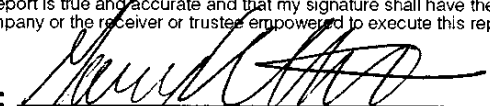
2. Principal Place of Business Suite, Apt. #, etc. Suite 201 City & State Orlando, FL Zip 32835 Country US		3. Mailing Address Suite, Apt. #, etc. Suite 201 City & State Orlando, FL Zip 32835 Country US	
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1st MOORE CR2E083 (10/04)

4. FEI Number 20-1762207		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent WHITFIELD, KIMBERLY F ESQ. 8617 ST. MARINO BLVD. ORLANDO FL 32836		7. Name and Address of New Registered Agent GARRY D. Whitfield, CPA 2813 S. HIAWASSEE RD, Ste 201 ORLANDO, FL 32835
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  DATE 4/28/05		

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, DAVID P 2813 S. HIAWASSEE RD., STE. 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLINGSLEA, WESLEY 2813 S. HIAWASSEE RD., STE. 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITFIELD, GARRY D 2813 S. HIAWASSEE RD., STE. 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 4/28/05 DAYTIME PHONE: 408-395-9515