2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083096

1. Entity Name
ONEGROUP L.L.C.

Principal Place of Business	Mailing Address
1501 US HWY 441 NORTH SUITE 1830 THE VILLAGES, FL 32159 US	1501 US HWY 441 NORTH SUITE 1830 THE VILLAGES, FL 32159 US

DO NOT WRITE IN THIS SPACE

02092006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
75-3175070	Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____   DATE 2·10·06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	STEEPY, KATHLEEN
STREET ADDRESS	~~4562 C R 103 G 1~~ 951 NE 130th AVE
CITY-ST-ZIP	OXFORD, FL 34484

TITLE	MGRM
NAME	STEEPY, MICHAEL
STREET ADDRESS	~~4562 C R 103 G 1~~ 951 NE 130th AVE
CITY-ST-ZIP	OXFORD, FL 34484

TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____   2·10·06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #