

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090166

Entity Name: GROUP 7, L.L.C.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

9900 WEST BROADVIEW DRIVE
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

P.O.BOX 545889
SURFSIDE, FL 33154

Current Mailing Address:

P.O. BOX 545889
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 75-3177030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASSER, SUZANNE F
9900 WEST BROADVIEW DRIVE
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PINTO, FABIO S
Address: 20281 E. COUNTRY CLUB DRIVE, #1110
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: NASSER, SUZANNE F
Address: 9900 WEST BROADVIEW DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGRM () Delete
Name: AWAD, KARINA
Address: 445 GRAND BAY DRIVE, #410
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: FABIO PINTO

MR

04/27/2006

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