2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L04000090166

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

Current Principal Place of Business:

P.O.BOX 545889
SURFSIDE, FL 33154

New Principal Place of Business:

445 GRAND BAY DRIVE, #410
KEY BISCAYNE, FL 33149

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 (X)**

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: SUZANNE NASSER MS 04/23/2007

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