

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090935

Entity Name: THE D&R GROUP, LLC

FILED  
Feb 16, 2009  
Secretary of State

**Current Principal Place of Business:**

2000 E. OAKLAND PARK BLVD., STE. 110  
% FINANCIAL PLANNING CONCEPTS, INC.  
FT. LAUDERDALE, FL 33306 US

**New Principal Place of Business:**

**Current Mailing Address:**

2000 E. OAKLAND PARK BLVD., STE. 110  
% FINANCIAL PLANNING CONCEPTS, INC.  
FT. LAUDERDALE, FL 33306 US

**New Mailing Address:**

FEI Number: 20-2055009      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAIELLO, THOMAS J  
2000 E. OAKLAND PARK BLVD.,  
STE. 110  
FT. LAUDERDALE, FL 33306 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: MAHER, CLIFFORD W  
Address: 2000 E. OAKLAND PARK BLVD., STE. 110  
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGRM ( ) Delete  
Name: MAIELLO, THOMAS J  
Address: 2000 E. OAKLAND PARK BLVD., STE. 110  
City-St-Zip: FT. LAUDERDALE, FL 33306

**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 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: THOMAS J. MAIELLO

GP

02/16/2009

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