2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L05000000899 Aug 04, 2008 08:00 AM Secretary of State RELEVENT GROUP, LLC Principal Place of Business Mailing Address 2165 N.W. 62ND DRIVE 2165 N.W. 62ND DRIVE BOCA RATON, FL 33496 BOCA RATON, FL 33496 07292008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2105469 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BERGER, H. TONY DO NOT WRITE 2165 N.W. 62ND DRIVE BOCA RATON, FL 33496 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Due by September 12, 2008 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BERGER, H. TONY NAME STREET ADDRESS 2165 N.W. 62ND DRIVE CITY-ST-ZIP BOCA RATON, FL 33496 U00000957013 08/04/08-80005-022 138.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7 30 0

717-710-5558

Date

Daytime Phone #