## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 27, 2006 8:00 am Secretary of State

*\$13-948-9884* .

Daytime Phone #

DOCUMENT # L05000001525  1. Entity Name THE NEXUS GROUP, LLC						03-27-2006 90	050 0	41 ****50	0.00
Principal Place of Business Mailing Address								-	
4317 HARBOR LAKE DR. LUTZ, FL 33558 US		4317 HARBOR LAKE DR. LUTZ, FL 33558 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006	Chg-LLC C	R2E08	33 (11/05)	
City & State		City & State		4. FEI Numbe	o-2172022		_ <del> </del>	lied For Applicable	
Zip	Country	Zip Country			5. Certificate	of Status Desired [		\$5.00 Additi Fee Required	onal
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
	IUNG-EUN C OR LAKE DR. 3558	Name Street Address (		(P.O. Box Number is Not Acceptable)					
		City			<u> </u>	FL	Zip Code	-	
the obligation	named entity submits this statement for ons of registered agent.		_			th, in the State of Florida		amiliar with, ar	nd accept
S	ilignature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered	d Agent signature require	d when reinstating)		DATE		
	ing Fee is \$50.00 e by May 1, 2006				Make check payable to Florida Department of State				
.9.	MANAGING MEMBE	MANAGING MEMBERS/MANAGERS 10.			ADDITIONS/CHANGES				
NAME	MGRM GRAHAM, JUNG-EUN 4317 HARBOR LAKE DR.	☐ Delete	TITLE NAME STREE	i				☐ Change	☐ Addition

9.	MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES						
TITLE	MGRM	☐ Delete	TITLE		☐ Change	Addition			
NAME	GRAHAM, JUNG-EUN		NAME						
STREET ADDRESS	4317 HARBOR LAKE DR.		STREET ADDRESS						
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE		Change	Addition			
NAME	GRAHAM, STEPHEN P		NAME						
STREET ADDRESS	4317 HARBOR LAKE DR.		STREET ADDRESS						
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition			
NAME	GRAHAM, LAURA M		NAME						
STREET ADORESS	38 RENWICK RD.		STREET ADDRESS						
CITY-ST-ZIP	WAKEFIELD, MA 01880		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE		☐ Change	Addition			
NAME	GRAHAM, KENNETH A		NAME						
STREET ADDRESS	38 RENWICK RD.		STREET ADDRESS			ĺ			
CITY-ST-ZIP	WAKEFIELD, MA 01880		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		Change	☐ Addition			
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Defete	TITLE		☐ Change	☐ Addition			
NAME			NAME						
STREET ADDRESS			STREET ADDRESS			l.			
CITY-ST-ZIP			CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filling 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 muster empowered to execute this report as required by Chapter 608, Florida Statutes.									

SIGNATURE:
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE