## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000013909

1. Entity Name

ميني الأواء

THE POWELL GROUP, LLC



Principal Place of Business

CITY-ST-ZIP

Mailing Address

222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

## FILED Mar 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

7 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2316056

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SALTSMAN, ROBERT P 222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

## DO NOT WRITE 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                                                                                                                                                                                                                     |                                                                       |                       |                          |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                   |                                                                       |                       |                          |
| 9.                                                                                                                                                                                                                            | MANAGING MEMBERS/MANAGERS                                             |                       |                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | MGR<br>RED CAPT., INC.<br>1017 TUSCANY PLACE<br>WINTER PARK, FL 32789 |                       |                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                                       | U000006<br>04/03/07-{ | 78712<br>80008-016 50.00 |
| THILE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP                                                                                                                                                                                 |                                                                       | DO NOT WI             | RITE                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                                       | IN THIS SP            | ACE                      |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP                                                                                                                                                                                         |                                                                       |                       |                          |
| TITLE NAME STREET ADDRESS                                                                                                                                                                                                     |                                                                       |                       | :                        |

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE; signature and typed on printing name of signing managing member, or authorized representative

121200

Daytime Phone #