

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017737

Entity Name: FS GROUP, LLC

FILED
Jan 07, 2007
Secretary of State

Current Principal Place of Business:

11733 66TH STREET NORTH
SUITE # 113
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

11733 66TH STREET NORTH
SUITE # 113
LARGO, FL 33773

New Mailing Address:

FEI Number: 20-4082856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCUSSEL, MATTHEW
412 TIMBERWALK LANE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

ALCALA, DON
11733 66TH STREET NORTH
SUITE # 113
LARGO, FL 33773 US

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: DON ALCALA

01/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: SCUSSEL, MATTHEW
Address: 412 TIMBERWALK LANE
City-St-Zip: LAKE MARY, FL 32746

Title: MR. () Delete
Name: FUNK, WILLIAM
Address: 1298 SNELL ISLE BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SCUSSEL, MATTHEW
Address: 412 TIMBERWALK LANE
City-St-Zip: LAKE MARY, FL 32746

Title: VP (X) Change () Addition
Name: FUNK, WILLIAM
Address: 1298 SNELL ISLE BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33704

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: MATTHEW SCUSSEL

PRES

01/07/2007

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