


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000021848</b> 1. Entity Name <b>THE HART GROUP, LLC</b>	
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Principal Place of Business <b>3805 KINGSTON BOULEVARD SARASOTA, FL 34238 US</b>	Mailing Address <b>3805 KINGSTON BOULEVARD SARASOTA, FL 34238 US</b>
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**DO NOT WRITE IN THIS SPACE**



02182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CASON, NANCY E  
1900 RINGLING BOULEVARD  
SARASOTA, FL 34236**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HART, TERRENCE 4343 ARROW AVENUE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HART, ROBERT 3805 KINGSTON BOULEVARD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HART, WILLIAM 3056 YORKTOWN STREET SARASOTA, FL 34231
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03/02/07-80007-023 50.00

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:**  **TERRENCE HART** **2/19/07** **941378-8435**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #