

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026189

FILED  
May 21, 2008  
Secretary of State

Entity Name: THELAFFERTYGROUP, LLC

## Current Principal Place of Business:

1555 INDIAN RIVER BLVE  
125 B  
VERO BEACH, FL 32960

## New Principal Place of Business:

1555 INDIAN RIVER BLVE  
115  
VERO BEACH, FL 32960

## Current Mailing Address:

1555 INDIAN RIVER BLVD  
125 B  
VERO BEACH, FL 32967

## New Mailing Address:

1555 INDIAN RIVER BLVD  
115  
VERO BEACH, FL 32967

FEI Number: 20-2635210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LAFFERTY, MIKE J  
1555 INDIAN RIVER BLVD  
125 B  
VERO BEACH, FL 32960 US

## Name and Address of New Registered Agent:

LAFFERTY, MIKE J  
1555 INDIAN RIVER BLVD  
115  
VERO BEACH, FL 32960 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:

05/21/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LAFFERTY, MICHAEL J  
Address: 5010 HARMONY CR 104  
City-St-Zip: VERO BEACH, FL 32967

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J LAFFERTY

MGR

05/21/2008

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