


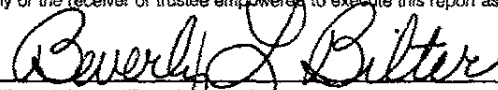


FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000034434 1. Entity Name THE BILTER GROUP OF FLORIDA, L.L.C.				Secretary of State	
Principal Place of Business 626 SW 39TH STREET CAPE CORAL, FL 33914		Mailing Address 626 SW 39TH STREET CAPE CORAL, FL 33914			
DO NOT WRITE IN THIS SPACE					
				03202007No Chg-LLC CR2E083 (11/05)	
				4. FEI Number 76-0789127	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BILTER, DAVE 626 SW 39TH STREET CAPE CORAL, FL 33914				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM BILTER, BEVERLY L 626 SW 39TH STREET CAPE CORAL, FL 33914			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		 DO NOT WRITE IN THIS SPACE			
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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:  3/22/07 (239) 549-0544 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					