

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000034812

1. Entity Name
EPHESIANS REAL ESTATE GROUP, LLC



Principal Place of Business
**10506 SW 12TH MANOR
PEMBROKE PINES, FL 33025 US**

Mailing Address
**P O BOX 245762
PEMBROKE PINES, FL 33024 US**



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2713507

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, MARSHA R
10506 SW 12TH AVENUE
PEMBROKE PINES, FL FL**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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
**MGRM
WILLIAMS, MARSHA R
10506 SW 12TH MANOR
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAMS, HARRY A
10506 SW 12TH MANOR
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAMS, HARRY A II
10506 SW 12TH MANOR
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAMS, VERNON L
10506 SW 12TH MANOR
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAMS, FRANKLIN H
10506 SW 12TH MANOR
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000583100
01/18/07-80002-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Marsha R. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jan 17, 2007

Date

305-331-7202

Daytime Phone #