

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037828

Entity Name: MOONEY GROUP, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

8477 BAY COLONY DRIVE
1002
NAPLES, FL 34108

New Principal Place of Business:

410 FLAGSHIP DRIVE
304
NAPLES, FL 34108

Current Mailing Address:

8477 BAY COLONY DRIVE
1002
NAPLES, FL 34108

New Mailing Address:

410 FLAGSHIP DRIVE
304
NAPLES, FL 34108

FEI Number: 11-3749748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOONEY, JAMES P
8477 BAY COLONY DRIVE
1002
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

MOONEY, JAMES P
410 FLAGSHIP DRIVE
304
NAPLES, FL 34108 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOONEY, JAMES P
Address: 8477 BAY COLONY DRIVE, STE. 1002
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: MOONEY, KIERSTEN K
Address: 8477 BAY COLONY DRIVE #1002
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOONEY, JAMES P
Address: 410 FLAGSHIP DRIVE #304
City-St-Zip: NAPLES, FL 34108

Title: MGRM (X) Change () Addition
Name: MOONEY, KIERSTEN K
Address: 410 FLAGSHIP DRIVE #304
City-St-Zip: NAPLES, FL 34108

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: JAMES P MOONEY

CEO

04/28/2009

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