


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90049 007 \*\*\*\*50.00

<b>DOCUMENT # L05000041320</b> 1. Entity Name <b>FICUS GROUP LLC</b>			
Principal Place of Business <b>855 SEVENTH STREET SOUTH NAPLES, FL 34102</b>		Mailing Address <b>855 SEVENTH STREET SOUTH NAPLES, FL 34102</b>	
2. Principal Place of Business - No P.O. Box # <b>700 Eleventh Street South</b>		3. Mailing Address <b>4710 15th Ave. S.W.</b>	
Suite, Apt. #, etc. <b>PH2</b>		Suite, Apt. #, etc. 	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34102</b>		Zip <b>34116</b>	
Country <b>Collier</b>		Country <b>Collier</b>	
4. FEI Number <b>56-5212744</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>CAPITAL CONNECTION, INC.</b> <b>417 E. VIRGINIA ST.</b> <b>STE. 1</b> <b>TALLAHASSEE, FL 32301-1283</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEEL, CYNTHIA A 855 SEVENTH STREET SOUTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRISON, CANDACE B 855 SEVENTH STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TYRRELL, THOMAS K.H. 855 SEVENTH STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. I am a managing member or manager of the limited liability company or partnership or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <i>CBM</i>		Date: <b>1-15-07</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <i>Candace B. Morrison</i>		Daytime Phone #: <b>239-289-6809</b>	