2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 29, 2008 08:00 AN Secretary of State

| DOCL | JMENT | # L050 | 00041 | 320 | |
|------|--------------|--------|-------|-----|--|

1. Entity Name FICUS GROUP LLC



Principal Place of Business

700 ELEVENTH STREET SOUTH

PH2 NAPLES, FL 34102 Mailing Address

4710 15TH AVE S.W. NAPLES, FL 34116



03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-5212744

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

| CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283 | | | DO NOT WRITE IN THIS SPACE | | |
|---|--|---|--|--|--|
| | named entity submits this statement for the purpose of cha tions of registered agent. | nging its registered office or registered | agent or both, in the State of Florida. I am familiar with, and accept | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required wh | en reinstating) DATE | | |
| | NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | 000000932250 05/22/08-80046-025 138.75 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | 1 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MORRISON, CANDACE B 855 SEVENTH STREET SOUTH NAPLES, FL 34102 | | · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TYRRELL, THOMAS K.H. 855 SEVENTH STREET SOUTH NAPLES, FL 34102 | , | , š | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | : | | | |
| TITLE | | | | | |

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 fimiled liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

JRE: BMENGO SUC.
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3.17.0P

2.39.430.UZNK

Daytime Phone (