

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047555

Entity Name: ARAGORN GROUP, LLC

FILED  
Feb 16, 2008  
Secretary of State

**Current Principal Place of Business:**

17396 NICASIO JAY AVENUE  
BROOKSVILLE, FL 34614 US

**New Principal Place of Business:**

**Current Mailing Address:**

17396 NICASIO JAY AVENUE  
BROOKSVILLE, FL 34614

**New Mailing Address:**

FEI Number: 20-2848267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DIENES, WILLIAM J  
17396 NICASIO JAY AVENUE  
BROOKSVILLE, FL 34614 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DIENES, WILLIAM J  
Address: 17396 NICASIO JAY AVENUE  
City-St-Zip: BROOKSVILLE, FL 34614 US

Title: MGRM ( ) Delete  
Name: CHANEY, WILLIAM C  
Address: 3349 CILLY AVENUE  
City-St-Zip: SPRING HILL, FL 34609 US

Title: MGRM ( ) Delete  
Name: CHIARAMONTE, DAVID V  
Address: 3523 LIGONIER ROAD  
City-St-Zip: SPRING HILL, FL 34608 US

Title: MGRM ( ) Delete  
Name: THORPE, MICHAEL L  
Address: 25324 WITHROW ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL L. THORPE

MGRM

02/16/2008

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