


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90165 036 ****50.00

DOCUMENT # L05000060536	
1. Entity Name THE FIRST EXCEL GROUP, LLC	

Principal Place of Business 6550 FAIRWAY HILL CT ORLANDO FL 32835	Mailing Address 6550 FAIRWAY HILL CT ORLANDO FL 32835
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Same as above</i>		Suite, Apt. #, etc. <i>Same as above</i>	
City & State <i>Same as above</i>		City & State <i>Same as above</i>	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 20-3150635		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RYAN, MICHAEL J 17781 SE FEDERAL HWY TEQUESTA FL 39469		7. Name and Address of New Registered Agent Name Ronald R. Vail Street Address (P.O. Box Number is Not Acceptable) 6550 Fairway Hill Ct Orlando, FL 32835 City FL Zip Code

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 *W/A* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRUYK, DAVE 14515 COUNTY RD 6 PLYMOUTH MN 55447 <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	MGRM VAIL, RON 6550 FAIRWAY HILL CT ORLANDO FL 32835 <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
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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 Section 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: _____

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

Date

Daytime Phone #

2-1-06