

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90306 032 \*\*\*\*50.00

DOCUMENT # L05000063664

1. Entity Name  
THE GROUP, LLC



Principal Place of Business  
2800 S. OCEAN BLVD. #11F  
11F  
BOCA RATON, FL 33432

Mailing Address  
2800 S. OCEAN BLVD. #11F  
11F  
BOCA RATON, FL 33432



01242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3096074

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ECKERT, CHARLES S  
2800 S. OCEAN BLVD. #11F  
11F  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ECKERT, CHARLES S 2800 S. OCEAN BLVD. #11F BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ECKERT, SIBYL M 2800 S. OCEAN BLVD. #11F BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <del>REID, MELISSA J</del> <del>5300 NW 85TH AVE.</del> <del>CORAL SPRINGS, FL 33067</del> <b>RESIGNED</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSATI-ROURKE, LISA C 4760 SARAZER DRIVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <del>WRIGHT, KEITH</del> <del>4904 NW 120 AVE.</del> <del>CORAL SPRINGS, FL 33070</del> <b>RESIGNED</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: *Charles Eckert*

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

Date

Daytime Phone #

*X 1-30-07*

*X 561 289 2671*