

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064530

Entity Name: THE 500 PLUS GROUP LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

55 FOX VALLEY DR
ORANGE PARK, FL 320735158

New Principal Place of Business:

2199 ASTOR STREET
402
ORANGE PARK, FL 32073

Current Mailing Address:

55 FOX VALLEY DRIVE
ORANGE PARK, FL 320735158

New Mailing Address:

2199 ASTOR STREET
402
ORANGE PARK, FL 32073

FEI Number: 41-2179114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASS, JOSEPH P
55 FOX VALLEY DRIVE
ORANGE PARK, FL 320735158 US

Name and Address of New Registered Agent:

GASS, JOSEPH P
2199 ASTOR STREET
402
ORANGE PARK, FL 32073 US

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: JOSEPH P. GASS

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GASS, JOSEPH P
Address: 55 FOX VALLEY DR
City-St-Zip: ORANGE PARK, FL 320735158

Title: MGRM () Delete
Name: BUICK, JEAN
Address: 1558 SHELTER COVE DRIVE
City-St-Zip: ORANGE PARK, FL 320027722

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GASS, JOSEPH P
Address: 2199 ASTOR ST 402
City-St-Zip: ORANGE PARK, FL 32073

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: JOSEPH P GASS

MGRM

01/15/2009

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