2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080472

Entity Name: THE SOUTH BUMBY GROUP, LLC

ORLANDO, FL 32825 US

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	ITH BUMBY AV D, FL 32806	/ENUE US			
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
	ITH BUMBY AV D, FL 32806	/ENUE US			
FEI Number	: 01-0841780	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Addre	ess of New Registered Agent:	
115 WEST	ASSOCIATES FGORE STRE D, FL 32806				
	e named entity e of Florida.	submits this statement for th	e purpose of changing its regis	stered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered A	\gent	Date	
MANAGING	MEMBERS/MANA	AGERS:	ADDITIONS/CHANGE	ES:	
Title: Name: Address: City-St-Zip:	MGRM (CRAFT, CATHI 6536 FAIRWA' ORLANDO, FL	HILL COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM (KENNEDY-MAI 2899 BURWOO ORLANDO, FL	DD AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MCKENZIE, LII	HAMMOCK WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM (MORGAN, WIL 1916 ELIZABE ORLANDO, FL	TH AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	PETERS, CLAI) Delete RE J : HAMMOCK WAY	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: HEATHER HOLLANTS-PARKER MGRM 04/13/2009