2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082425

1821 NE 25TH STREET

LIGHTHOUSE POINT, FL 33064 US

Address:

City-St-Zip:

Entity Name: LO GROUP, LLC

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9970 CENTRAL PARK BOULEVARD SOUTH SUITE 400 BOCA RATON, FL 33428 **New Mailing Address: Current Mailing Address:** 9970 CENTRAL PARK BOULEVARD SOUTH SUITE 400 BOCA RATON, FL 33428 US FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONALD B. MEDALIE, P.A. **CUMBERLAND BUILDING, SUITE 302** 800 EAST BROWARD BOULEVARD FORT LAUDERDALE, FL 33301 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GOBERVILLE, THOMAS J Name: Name: 1821 NE 25TH STREET Address: Address: City-St-Zip: LIGHTHOUSE POINT, FL 33064 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GOBERVILLE, LINNE Name: Name: Address: 1821 NE 25TH STREET Address: City-St-Zip: LIGHTHOUSE POINT, FL 33064 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ELIZABETH E. YOUNG R, EVOCABLE TRUST Name: Name: Address: 1821 NE 25TH STREET Address: City-St-Zip: LIGHTHOUSE POINT, FL 33064 US City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: DOMINIC J. KLEINHENZ, IRREVOCABLE T R UST Name: Address: 1821 NE 25TH STREET Address: City-St-Zip: LIGHTHOUSE POINT, FL 33064 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILLIAM R. MCKAY IRR, EVOCABLE TRUST NO. 1 Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: LINNE GOBERVILLE MGRM 05/01/2006