

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087465

Entity Name: THE MAVEN GROUP, LLC

FILED
Sep 03, 2006
Secretary of State

Current Principal Place of Business:

2133 STONE VIEW DR
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

2133 STONE VIEW DR
ODESSA, FL 33556

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

KNIGHT, HORACE OWNER
33A CONGRESS ST
NEW ROCHELLE, NY, FL 10801 US

Name and Address of New Registered Agent:

KNIGHT, HORACE OWNER
14026 JACOBSON DRIVE
ODESSA, FL 33556 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:

09/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNIGHT, HORACE
Address: 33A CONGRESS ST
City-St-Zip: NEW ROCHELLE, NY 10801

Title: P () Delete
Name: KNIGHT, HORACE
Address: 33A CONGRESS ST
City-St-Zip: NEW ROCHELLE, NY 10801

Title: MGRM () Delete
Name: ARIAS, HAROLD
Address: 19017 FISHERMAN'S BEND DR.
City-St-Zip: LUTZ, FL 33558

Title: V () Delete
Name: ARIAS, HAROLD
Address: 19017 FISHERMAN'S BEND DR.
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: BYAM, GEOFF
Address: 2133 STONEVIEW DR.
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: BYAM, GEOFF
Address: 2133 STONEVIEW DR.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KNIGHT, HORACE
Address: 14026 JACOBSON DRIVE
City-St-Zip: ODESSA, FL 33556

Title: P (X) Change () Addition
Name: KNIGHT, HORACE
Address: 14026 JACOBSON DRIVE
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: HORACE KNIGHT

P

09/03/2006

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