2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# L06000002426

Entity Name: AGCR GROUP, LLC

Current Principal Place of Business:

430 NW BROOKVILLE CT.
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

5261 WATERVIEW DRIVE
NORTH PORT, FL 34291 US

Current Mailing Address:

430 NW BROOKVILLE CT.
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

5261 WATERVIEW DRIVE
NORTH PORT, FL 34291 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANDLER, HENRY B
2255 GLADES RD.
SUITE 218A
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: ROOT, GWENDOLYN W
Address: 430 NW BROOKVILLE CT.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM ( ) Delete
Name: ROOT, DONALD E
Address: 430 NW BROOKVILLE CT.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROOT, GWENDOLYN W
Address: 5261 WATERVIEW DRIVE
City-St-Zip: NORTH PORT, FL 34291 US

Title: MGRM (X) Change ( ) Addition
Name: ROOT, DONALD E
Address: 5261 WATERVIEW DRIVE
City-St-Zip: NORTH PORT, FL 34291 US

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: DONALD E. ROOT MGRM 04/26/2008

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