



**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L06000002884		
1. Entity Name: <b>PYTHA HOLDING GROUP LLC</b>		
Principal Place of Business <b>2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796 US</b>		Mailing Address <b>2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796 US</b>
2. Principal Place of Business - No P.O. Box # <b>1525 Cheney Hwy.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1525 Cheney Hwy.</b> Suite, Apt. #, etc.
City & State <b>Titusville, FL</b>	City & State <b>Titusville, FL</b>	
Zip <b>32780</b>	Country <b>US</b>	Zip <b>32780</b>
Country <b>US</b>		Country <b>US</b>
6. Name and Address of Current Registered Agent		
<b>FARO, MICHAEL A 7093 BRACKEN LANE MELBOURNE, FL 32940</b>		Name
		Street Address
		City
		State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		10.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATOUM, DAN 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATOUM, LELA S 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEMON, RICHARD D 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEMON, DAVID J 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, SHARI L 6410 LEONARD AVENUE COCOA, FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, THOMAS J 6410 LEONARD AVENUE COCOA, FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if it were the signature of a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.		
SIGNATURE: 		Marim Lela S. Hatoum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		