

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90028 043 *****50.00

DOCUMENT # L06000013870	
1. Entity Name THE PERFORMANCE GROUP LLC	

Principal Place of Business 346 CORNELL DRIVE DAYTONA BEACH FL 32118	Mailing Address 346 CORNELL DRIVE DAYTONA BEACH FL 32118
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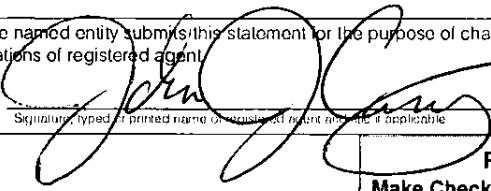


2. Principal Place of Business - No P.O. Box # Apt #1 2604 TULANE AVE Suite, Apt. #, etc. DAYTONA BEACH, FL. City & State Zip 32118 Country USA	3. Mailing Address 2604 Tulane Ave Suite, Apt. #, etc. Apt #1 DAYTONA BEACH, FL. City & State Zip 32118 Country USA
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1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent CARRY, JOHN J 346 CORNELL DRIVE DAYTONA BEACH FL 32118	7. Name and Address of New Registered Agent Name John J CARRY Street Address (P.O. Box Number is Not Acceptable) 2604 TULANE AVE Apt #1 City DAYTONA Beach FL Zip Code 32118
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/11/07

Signature typed in printed name of registered agent not applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CARRY, JOHN J 346 CORNELL DRIVE DAYTONA BEACH FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CARRY, JOHN J. 2604 TULANE AVE. APT#1 DAYTONA BEACH, FL. 32118 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CARRY, MANDANA 346 CORNELL DRIVE DAYTONA BEACH FL 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CARRY, MANDANA 2604 TULANE AVE. APT#1 DAYTONA BEACH, FL. 32118 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/11/07