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	Mailing Address
346 CORNELL DRIVE DAYTONA BEACH FL 32118	346 CORNELL DRIVE DAYTONA BEACH FL 32118

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2604 TULANE AVE Apt #1	2604 Tulane Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt #1
City & State DAYTONA BEACH, Fl.	City & State DAYTONA BEACH, Fl.
Zip 32118 Country USA	Zip 32118 Country USA

4. FEI Number 83-0447842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARRY, JOHN J 346 CORNELL DRIVE DAYTONA BEACH FL 32118	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

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 [signature] 4/11/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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] 4/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #