# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 26, 2007 8:00 am**
**Secretary of State**
04-09-2007 90355 046 ****50.00

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DOCUMENT # L06000023772

1. Entity Name
GARDENIA GROUP, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 9053 SE ANSTIS PLACE<br>HOBE SOUND, FL 33455 | 9053 SE ANSTIS PLACE<br>HOBE SOUND, FL 33455 |

04052007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| | PO Box 8530 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: Hobe Sound, FL |
| Zip / Country | Zip: 33475 / Country: USA |

4. FEI Number: 20-5357289 ☐ 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 |
|---|---|
| BUSCHINI, ANGELA<br>8997 SE COLONY STREET<br>HOBE SOUND, FL 33455 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>OTTLEY, GLENNA H<br>PO BOX 8530<br>HOBE SOUND, FL 33475 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>OTTLEY, PHILIP G<br>PO BOX 8530<br>HOBE SOUND, FL 33475 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>OTTLEY, HEIDI<br>PO BOX 8530<br>HOBE SOUND, FL 33475 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| 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 Chapter 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:** Angela Buschini 4Apr07 772-546-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #