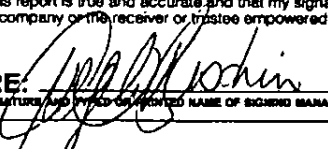


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 26, 2007 8:00 am
Secretary of State

04-09-2007 90355 046 ****50.00

DOCUMENT # L06000023772					
1. Entity Name GARDENIA GROUP, LLC					
Principal Place of Business 9053 SE ANSTIS PLACE HOBE SOUND, FL 33455			Mailing Address 9053 SE ANSTIS PLACE HOBE SOUND, FL 33455		
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	Country	4. FEI Number 20-5357289	
33475	USA	33475	USA	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04052007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BUSCHINI, ANGELA 8997 SE COLONY STREET HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____					
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 OTTLEY, GLENNA H PO BOX 8530 HOBE SOUND, FL 33475 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTLEY, PHILIP G PO BOX 8530 HOBE SOUND, FL 33475 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTLEY, HEIDI PO BOX 8530 HOBE SOUND, FL 33475 ☐ 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 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		4 Apr 107		772-546-9990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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