


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90257 020 \*\*\*\*50.00

<b>DOCUMENT # L06000043018</b> 1. Entity Name <b>SILENT MAJORITY GROUP, LLC</b>					
Principal Place of Business <b>13967 CAYWOOD POND</b> <b>WINDERMERE, FL 34786 US</b>			Mailing Address <b>13967 CAYWOOD POND</b> <b>WINDERMERE, FL 34786 US</b>		
2. Principal Place of Business - No P.O. Box # <b>15133 SPINNAKER COVE LN</b>		3. Mailing Address <b>15133 SPINNAKER COVE LN</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WINTER GARDEN FL</b>		City & State <b>WINTER GARDEN FL</b>		4. FEI Number <b>20-4752049</b>	
Zip <b>34787</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HANSON, JEFFREY</b> <b>13967 CAYWOOD POND</b> <b>WINDERMERE, FL 34786</b>				7. Name and Address of New Registered Agent Name <b>HANSON, JEFFREY</b> Street Address (P.O. Box Number is Not Acceptable) <b>15133 SPINNAKER COVE LN</b> City <b>WINTER GARDEN FL</b> Zip Code <b>34787</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>ARMSTRONG, SCOTT</b> <b>1200-A SCOTTSVILLE ROAD #256</b> <b>ROCHESTER, NY 14624</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>211-D WHITE SPRUCE BLVD</b> <b>ROCHESTER NY 14623</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>AS</i> R SCOTT ARMSTRONG, MGR/NTA</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE				Date <b>4/12/07</b> Daytime Phone # <b>585-328-7130</b>	