

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044113

FILED
Jan 05, 2007
Secretary of State

Entity Name: COMMUNITY FINANCIAL GROUP, LLC

Current Principal Place of Business:

2036 E. SAMPLE ROAD
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

2036 E. SAMPLE ROAD
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 33-1137447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANZA, SCOTT
2036 E SAMPLE ROAD
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIGHTHOUSE POINT FIN, ANCIAL, LLC
Address: 2036 E SAMPLE ROAD
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM () Delete
Name: CHADWICK WEALTH MANA, GEMENT, INC
Address: 2036 E SAMPLE ROAD
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM () Delete
Name: KESSLER FINANCIAL SE, RVICES, INC
Address: 6991 N STATE ROAD 7, 2ND FLOOR
City-St-Zip: PARKLAND, FL 33073

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT LANZA

MGR

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date