2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L06000044113

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 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 MGRM 01/04/2008

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