2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2007
Secretary of State

DOCUMENT# L06000045250

Entity Name: NATIONAL TRIAL GROUP, LLC

Current Principal Place of Business:

2400 EAST COMMERCIAL BOULEVARD
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

3300 EAST OAKLAND PARK BOULEVARD,
SECOND FLOOR
FT. LAUDERDALE, FL 33308

Current Mailing Address:

2400 EAST COMMERCIAL BOULEVARD
FT. LAUDERDALE, FL 33308

New Mailing Address:

3300 EAST OAKLAND PARK BOULEVARD,
SECOND FLOOR
FT. LAUDERDALE, FL 33308

FEI Number: 26-0541478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BOULEVARD, SUITE 1700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MAGER, SCOTT A
3300 EAST OAKLAND PARK BOULEVARD
SECOND FLOOR
FT LAUDERDALE, FL 33308 US

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: SCOTT MAGER 08/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: MAGER, SCOTT
Address: 3300 EAST OAKLAND PARK BOULEVARD
City-St-Zip: FT LAUDERDALE, FL 33308

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 MAGER PRES 08/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date