


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90190 030 ****50.00

DOCUMENT # L06000046954	
1. Entity Name DECANTER GROUP, LLC	

Principal Place of Business 3500 FINANCIAL PLAZA SUITE 400 TALLAHASSEE, FL 32312	Mailing Address 3500 FINANCIAL PLAZA SUITE 400 TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4821377	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOLLMAN, KYLE M 3500 FINANCIAL PLAZA SUITE 400 TALLAHASSEE, FL 32312		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 _____ (NOTE: Registered Agent signature required when reinstating) 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	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, SEAN J			NAME			
STREET ADDRESS	5 CONCOURSE PARKWAY, SUITE 2100			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLLMAN, KYLE M			NAME			
STREET ADDRESS	3500 FINANCIAL PLAZA, SUITE 400			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAMANTIS, CHRISTOPHER E			NAME			
STREET ADDRESS	3500 FINANCIAL PLAZA, SUITE 400			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWERS, JEFFREY S			NAME			
STREET ADDRESS	12825 FLUSHING MEADOW DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63131			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Kyle M. Bollman Kyle M. Bollman 11/01/07 850-894-4957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #