2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000055815

1. Entity Name
MONTGOMERY RETIREMENT GROUP LLC

Principal Place of Business	Mailing Address
302 SOUTH MASSACHUSETTS AVENUE 217 LAKELAND, FL 33801	302 SOUTH MASSACHUSETTS AVENUE 217 LAKELAND, FL 33801

04232008 No Chg-LLC   CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
56-2618570	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, ALLEN R
302 SOUTH MASSACHUSETTS AVENUE
217
LAKELAND, FL 33801

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MONTGOMERY, ALLEN R
STREET ADDRESS	302 SOUTH MASSACHUSETTS AVENUE
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGR
NAME	MONTGOMERY, HARRIET H
STREET ADDRESS	302 SOUTH MASSACHUSETTS AVENUE
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGR
NAME	MONTGOMERY, CAMMIE A
STREET ADDRESS	302 SOUTH MASSACHUSETTS AVENUE
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/08-80019-015 150.00

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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.

863.

SIGNATURE: _____   4-22-08   686-8755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #