2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062494

Entity Name: FIRST GROUP, L.L.C.

FILED Feb 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3990 SHERIDAN STREET, STE. 208 4651 SHERIDAN STREET, STE. 440 HOLLYWOOD, FL 33021

HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Current Mailing Address: New Mailing Address:

3990 SHERIDAN STREET, STE. 208 4651 SHERIDAN STREET, STE. 440

HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021

FEI Number: 20-5150519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SERBER, DANIEL J ESQ TURNBERRY PLAZA, STE. 801 2875 NE 191 STREET AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete (X) Change () Addition BRAUN, HARRY Name: BRAUN, HARRY Name:

Address: 3990 SHERIDAN STREET, STE. 208 Address: 4651 SHERIDAN STREET, STE. 440

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: BRAUN, JOSEPH Name: BRAUN, JOSEPH

Address: 3990 SHERIDAN STREET, STE. 208 Address: 4651 SHERIDAN STREET, STE. 440

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

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: J.BRAUN **MGRM** 02/19/2007