

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093511

Entity Name: EKS GROUP, LLC

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

1107 MARBELLA PLAZA DR.
TAMPA, FL 33619 US

New Principal Place of Business:

1107 MARBELLA PLAZA DRIVE
TAMPA, FL 33619 US

Current Mailing Address:

1107 MARBELLA PLAZA DR.
TAMPA, FL 33619 US

New Mailing Address:

1107 MARBELLA PLAZA DRIVE
TAMPA, FL 33619 US

FEI Number: 20-5609431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEGRON, MARIE L P.A.
4702 RAMSHEAD DRIVE
VALRICO, FL 33594 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: MARTINEZ, ADRIAN I
Address: 2202 N. WEST SHORE BLVD. STE 200
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: BLOOMER, RICHARD L
Address: 2202 N. WEST SHORE BLVD. STE 200
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTINEZ, ADRIAN I
Address: 1107 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619 US

Title: MGRM (X) Change () Addition
Name: BLOOMER, RICHARD L SR.
Address: 1107 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619 US

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: RICHARD L. BLOOMER

MGRM

02/10/2009

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