2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# L06000116466

Entity Name: GOLDMAN GROUP LLC

Current Principal Place of Business:

4350 LEGACY CT
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4350 LEGACY CT
DELRAY BEACH, FL 33445 US

New Mailing Address:

2491 BLACKBURN CIRCLE
CAPE CORAL, FL 33991 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: GOLDMAN, BENJAMIN B
Address: 4350 LEGACY CT
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGRM ( ) Delete
Name: MAGLIO GOLDMAN, MARYBETH
Address: 4350 LEGACY CT
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOLDMAN, BENJAMIN B
Address: 2491 BLACKBURN CIRCLE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM (X) Change ( ) Addition
Name: MAGLIO GOLDMAN, MARYBETH
Address: 2491 BLACKBURN CIRCLE
City-St-Zip: CAPE CORAL, FL 33991 US

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: MARYBETH MAGLIO GOLDMAN MGRM 03/02/2007

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