

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001386

FILED
Apr 30, 2008
Secretary of State

Entity Name: BIWEEKLY SAVINGS GROUP, LLC

Current Principal Place of Business:

601 BAYSHORE BLVD
850
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

601 BAYSHORE BLVD
850
TAMPA, FL 33606

New Mailing Address:

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

Name and Address of Current Registered Agent:

CONSULT ONE, LLC
8950 MARTIN LUTHER KING N.
SUITE 130
ST. PETERSBURGH, FL 33702 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: FERNANDEZ, ALEC C
Address: 601 BAYSHORE BLVD, SUITE 850
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: ORLICKI, OLIVER S
Address: 601 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: ROCHA, THOMAS A
Address: 601 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEC FERNANDEZ

MGRM

04/30/2008

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