

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001386

FILED  
Apr 30, 2009  
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: 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:

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

MGR

04/30/2009

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