


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90122 010 \*\*\*143.75

<b>DOCUMENT # L07000010567</b>	
1. Entity Name <b>C-25 GROUP LLC</b>	

Principal Place of Business <b>3401 SE 58TH AVENUE OCALA, FL 34471</b>	Mailing Address <b>3401 SE 58TH AVENUE OCALA, FL 34471</b>
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2. Principal Place of Business - No P.O. Box # <b>5391 SE Maricamp Rd</b>	3. Mailing Address <b>5391 SE Maricamp Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ocala, FL</b>	City & State <b>Ocala, FL</b>
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Zip <b>34480</b>	Country <b>USA</b>	Zip <b>34480</b>	Country <b>USA</b>
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**60020991**

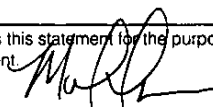


04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8306775</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

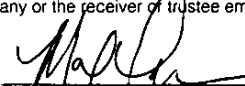
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LAND INVESTMENTS OF OCALA, INC. 707 NE 25TH AVENUE OCALA, FL 34470</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>4/1/08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAND INVESTMENTS OF OCALA, INC. 707 NE 25TH AVENUE OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEIRBLESSED, LLC 3401 SE 58TH AVENUE OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FCCI LAND HOLDINGS, INC. P.O. BOX 54 CHANDLER, FL 32111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	Date: <b>4/1/08</b> Daytime Phone #: <b>(352) 624-1983</b>