

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010567

FILED
Aug 31, 2009
Secretary of State

Entity Name: C-25 GROUP LLC

Current Principal Place of Business:

5391 SE MARICAMP RD
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

5391 SE MARICAMP RD
OCALA, FL 34480

New Mailing Address:

FEI Number: 20-8306775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAND INVESTMENTS OF OCALA, INC.
707 NE 25TH AVENUE
OCALA, FL 34470 US

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: LAND INVESTMENTS OF OCALA, INC.
Address: 707 NE 25TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: MGRM () Delete
Name: WEIRBLESSED, LLC
Address: 3401 SE 58TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: FCCI LAND HOLDINGS, INC.
Address: PO BOX 54
City-St-Zip: CHANDLER, FL 32111

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: DAVID OWEN

MG

08/31/2009

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