

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051196

FILED
Jan 20, 2009
Secretary of State

Entity Name: BREG GROUP LLC

Current Principal Place of Business:

6608 ADAMO DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

6608 ADAMO DRIVE
TAMPA, FL 33619

New Mailing Address:

FEI Number: 26-0272774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELMAN, MARC R
6608 ADAMO DRIVE
TAMPA, FL 33619 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: EDELMAN, MARC R
Address: 6010 S. 6TH STREET
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: BEVILLE, L. TERRY
Address: 213 KINGSWAY DRIVE
City-St-Zip: TAMPA, FL 33617

Title: MGRM () Delete
Name: GAZZO, JOSEPH F
Address: 2807 OLD BAYSHORE WAY
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: SLATTON, JAMES W
Address: 164 HONEYSUCKLE LANE
City-St-Zip: TIFTON, GA 31794

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:

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: MARC EDELMAN

MGRM

01/20/2009

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