

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056040

FILED
Jul 07, 2008
Secretary of State

Entity Name: FINANCIAL SECURITY CONCEPTS GROUP, LLC

Current Principal Place of Business:

300 S. PINE ISLAND ROAD
SUITE 306
PLANTATION, FL 3324

New Principal Place of Business:

300 S. PINE ISLAND ROAD
SUITE 254
PLANTATION, FL 3324

Current Mailing Address:

300 S. PINE ISLAND ROAD
SUITE 306
PLANTATION, FL 3324

New Mailing Address:

300 S. PINE ISLAND ROAD
SUITE 254
PLANTATION, FL 3324

FEI Number: 01-0885761 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:

STEIGER, BRUCE J
4800 NW 91 WAY
CORAL SPRINGS, FL 33067 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: STEIGER, BRUCE J
Address: 4800 NW 91 WAY
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM () Delete
Name: STEIGER, M. SUSAN
Address: 4800 NW 91 WAY
City-St-Zip: CORAL SPRINGS, FL 33067

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: BRUCE J. STEIGER

MNGR

07/07/2008

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