2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077815

Entity Name: THE FBS GROUP, "LLC"

Name:

Address:

City-St-Zip:

FOY, RUTHA L

4111 ROSECLIFF LANE

JACKSONVILLE, FL 32216

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4111 ROSECLIFF LANE JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 4111 ROSECLIFF LANE JACKSONVILLE, FL 32216 FEI Number: 26-0617439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOY, LAMONT 4111 ROSECLIFF LANE JACKSONVILLE, FL 32216 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete FOY, LAMONT Name: Name: 4111 ROSECLIFF LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FOY, CARL Name: Address: 4111 ROSECLIFF LANE Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FOY, SHAWN C Name: Name: 4111 ROSECLIFF LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LAMONT FOY CFO 03/31/2009