

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000085373

FILED
Aug 25, 2008
Secretary of State**Entity Name:** DEFINITIVE GROUP LLC**Current Principal Place of Business:**8390 CHAMPIONSGATE BOULEVARD
SUITE 300
CHAMPIONSGATE, FL 33896**New Principal Place of Business:****Current Mailing Address:**8390 CHAMPIONSGATE BOULEVARD
SUITE 300
CHAMPIONSGATE, FL 33896**New Mailing Address:****FEI Number:** 26-0749051**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KOTWAL, SHYAM
13574 VILLAGE PARK DR, SUITE 255
ORLANDO, FL 32837 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 (X) Delete
Name: STREETER, SIMEON
Address: 946 VIA BIANCA DRIVE
City-St-Zip: DAVENPORT, FL 33896**Title:** MGRM () Delete
Name: J & J DESIGN SYSTEMS, SPECIALISTS
Address: 3-5 NEW ROAD, LINSLADE
City-St-Zip: BEDFORDSHIRE LU & 2LS, UK LU & 2LS UK**Title:** MGR () Delete
Name: KOTWAL, SHYAM
Address: 1555 HARRIER DR
City-St-Zip: ORLANDO, FL 32837**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: SHYAM KOTWAL

MGR

08/25/2008

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