

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099601

FILED
May 01, 2008
Secretary of State

Entity Name: THE VAUGHAN EDWARDS GROUP, LLC

Current Principal Place of Business:

546 FRIAR ROAD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

546 FRIAR ROAD
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 26-1164955 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:

VAUGHAN, THOMAS
121 SOUTH ORANGE AVENUE, SUITE 900
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CONTRACT REVIEW SERVICES, LLC
174 W. COMSTOCK AVENUE, SUITE 103
WINTER PARK, FL 32789 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: NORA H. MILLER, ESQ.

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDWARDS, MICHELLER
Address: 546 FRIAR ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: MGR () Delete
Name: VAUGHAN, DAWN
Address: 4636 OAK COVE LANE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EDWARDS, MICHELLE R
Address: 546 FRIAR ROAD
City-St-Zip: WINTER PARK, FL 32792

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: MICHELLE R. EDWARDS

MRS.

05/01/2008

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