2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104101

Entity Name: THE UMPIRE GROUP, LLC

18550 DOGWOOD ROAD

City-St-Zip: FORT MYERS, FL 33967 US

Address:

FILED Mar 10, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
6201 CYPRESS HOLLOW WAY NAPLES, FL 34109 US		3431 PINE RIDGE RC SUITE 102 NAPLES, FL 34109	DAD US	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
6201 CYPRESS HOLLOW WAY NAPLES, FL 34109 US		3431 PINE RIDGE RO SUITE 102 NAPLES, FL 34109		
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
	N FINANCIAL, INC RESS HOLLOW WAY FL 34109 US			
	e named entity submits this statement for the pe of Florida.	ourpose of changing its registere	d office or registered agent, or both	
SIGNATUI	RE:			
	Electronic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete BRENNAN FINANCIAL, I, NC 6201 CYPRESS HOLLOW WAY NAPLES, FL 34109 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete WALKER, WILLIAM B 6201 CYPRESS HOLLOW WAY NAPLES, FL 34109 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete MERRILL, RANDY E 5140 CRAYTON PLACE S. NAPLES, FL 34103 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR () Delete GONAS, SAMUEL W	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM B. WALKER MGRM 03/10/2008