

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108973

FILED
Mar 31, 2008
Secretary of State

Entity Name: THE SEGAL GROUP , LLC

Current Principal Place of Business:

194 CAMERON CT
WESTON, FL 33326 US

New Principal Place of Business:

268 CONSERVATION DRIVE
WESTON, FL 33327 US

Current Mailing Address:

194 CAMERON CT
WESTON, FL 33326 US

New Mailing Address:

268 CONSERVATION DRIVE
WESTON, FL 33327 US

FEI Number: 26-1313376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEGAL, BARRY
194 CAMERON CT
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SEGAL, BARRY
268 CONSERVATION DR
WESTON, FL 33327 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: BARRY SEGAL

03/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEGAL, BARRY
Address: 194 CAMERON CT
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: SEGAL, SANDRA
Address: 194 CAMERON CT
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SEGAL, BARRY
Address: 268 CONSERVATION DR
City-St-Zip: WESTON, FL 33327 US

Title: MGRM (X) Change () Addition
Name: SEGAL, SANDRA
Address: 268 CONSERVATION DR
City-St-Zip: WESTON, FL 33327 US

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: BARRY SEGAL

MGRM

03/31/2008

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