

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110299

FILED
Jul 30, 2008
Secretary of State

Entity Name: TRANSATLANTIC GROUP, LLC

Current Principal Place of Business:

10381 ORANGEWOOD BLVD.
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22581
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: 26-1282686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

ELOTMANI, NOUR
5571 REMSEM CAY LANE
WINDERMERE, FL 34786 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:

Title: MGR () Delete
Name: ELOTMANI, NOUR
Address: 5571 REMSEN CAY LANE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: EL BIDAQUI, KHALID
Address: 93130 NOISY-LE-SEC
City-St-Zip: FRANCE, XX 32821 XX

Title: MGR () Delete
Name: EL OTMANI, MOHAMMED
Address: 5571 REMSEN CAY LANE
City-St-Zip: WINDERMERE, FL 34786

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: NOUR ELOTMANI

MGR

07/30/2008

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