2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L08000076167

Entity Name: LINUS GROUP, LLC

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE, SUITE 401
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

1301 PLANTATION ISLAND DRIVE, SUITE 401
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1301 PLANTATION ISLAND DRIVE, SUITE 401
ST. AUGUSTINE, FL 32095

New Mailing Address:

1301 PLANTATION ISLAND DRIVE, SUITE 401
ST. AUGUSTINE, FL 32080

FEI Number: 26-3170791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPPARD, SEAN P ESQ.
C/O SHEPPARD & SHEPPARD, P.A.
1301 PLANTATION ISLAND DRIVE, SUITE 401
ST. AUGUSTINE, FL 320803111 US

Name and Address of New Registered Agent:

DEPASQUALE, MARCUS C MGR
1301 PLANTATION ISLAND DRIVE, SUITE 401
ST. AUGUSTINE, FL 32080 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: MARCUS C DEPASQUALE 03/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: DEPASQUALE, MARCUS C MGR
Address: 1301 PLANTATION ISLAND DRIVE, SUITE 401
City-St-Zip: ST. AUGUSTINE, FL 32080 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: MARCUS C DEPASQUALE MGR 03/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date