

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086873

FILED
Jun 24, 2009
Secretary of State

Entity Name: FIRST RESOURCE GROUP L.L.C.

Current Principal Place of Business:

5100 N FEDERAL HIGHWAY, STE 409
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

5100 N FEDERAL HIGHWAY
STE 409
FT. LAUDERDALE, FL 33308

Current Mailing Address:

5100 N FEDERAL HIGHWAY, STE 409
FT. LAUDERDALE, FL 33308

New Mailing Address:

5100 N FEDERAL HIGHWAY
STE 409
FT. LAUDERDALE, FL 33308

FEI Number: 94-3449104 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: STERN, DAVID
Address: 5100 N FEDERAL HIGHWAY, STE 409
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: S () Delete
Name: STERN, DAVID
Address: 5100 N FEDERAL HIGHWAY, STE 409
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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: DAVID STERN

PRES

06/24/2009

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