

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111398

Entity Name: CAMBRIAN GROUP, LLC

FILED
Mar 28, 2009
Secretary of State

Current Principal Place of Business:

1032 SUTTON CIRCLE, APT 148
DAYTONA BEACH, FL 32114

New Principal Place of Business:

P. O. BOX 1069
DAYTONA BEACH, FL 32115 US

Current Mailing Address:

P. O. BOX 1069
DAYTONA BEACH, FL 32115 US

New Mailing Address:

FEI Number: 32-0268515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONNER, DAVITA B
1250 WOODCREST DR. #1202
DAYTONA BEACH, FL 32114 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: MGRM () Delete
Name: MILTON, FREDRICK T DR.
Address: 804 IRON HORSE ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM () Delete
Name: COLLINS, THADDEUS L
Address: 216 GEORGE TOWNE BLVD
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: MGRM () Delete
Name: BONNER, DAVITA B
Address: 1250 WOODCREST DR.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM () Delete
Name: BARMEDA, SHAILEN S
Address: 1032 SUTTON CIRCLE, APT 148
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM () Delete
Name: POWERS, JOSEPHINE T
Address: 203 SOUTH ORCHARD ST, #13D
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM () Delete
Name: LAI, JAMES
Address: 1029 AUSTRALIA AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

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:

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: SHAILEN BARMEDA

MGRM

03/28/2009

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