2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State
01-25-2006 90049 016 ****50.00

DOCUMENT # L99000001531

1. Entity Name
FIRST STREET GROUP, L.C.

Principal Place of Business	Mailing Address
3728 NORTH MAIN STREET GAINESVILLE, FL 32609	P.O. BOX 1990 ALACHUA, FL 32616

2. Principal Place of Business	3. Mailing Address
13505 NW 88th Pl	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alachua Fl	City & State
Zip: 32615 Country: USA	Zip Country

01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 59-3565657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOMPKINS, DARRYL J 14706 MAIN STREET ALACHUA, FL 32615	Name: Tompkins Darryl J Street Address (P.O. Box Number is Not Acceptable): 14420 NW 151st Blvd City: Alachua FL Zip Code: 32615

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAWLEY, PHILLIP L 3728 NORTH MAIN STREET GAINESVILLE, FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 300 SW 143rd St Jonesville Fl 32669
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SHAW, JAMES W 7328 WETS UNIVERSITY AVENUE, SUITE F GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 13505 NW 88th Pl Alachua Fl 32615
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WIGGINS, JOSEPH A 14016 MARTIN LUTHER KING HIGHWAY ALACHUA, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TOMPKINS, DARRYL J 14706 MAIN STREET ALACHUA, FL 32616	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 14420 NW 151st Blvd Alachua Fl 32615
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 1/26/06 352-665-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

James W Shaw