

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 24, 2007 08:00 AM
Secretary of State**

DOCUMENT # L99000001531

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



Principal Place of Business
**13505 NW 88TH PL
ALACHUA, FL 32615**

Mailing Address
**P.O. BOX 1990
ALACHUA, FL 32616**



01202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**TOMPKINS, DARRYL J
14420 NW 151 BLVD
ALACHUA, FL 32615**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAWLEY, PHILLIP L
300 SW 143RD ST
JONESVILLE, FL 32669**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHAW, JAMES W
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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TOMPKINS, DARRYL J
14420 NW 151 BLVD
ALACHUA, FL 32615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000600933
01/26/07-00029-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

James W Shaw 1/24/07 352-665-8570