

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
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**

DO NOT WRITE IN THIS SPACE



02062008 No Chg-LLC

CR2E083 (12/07)

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**

**DO NOT WRITE
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 restate.)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000854440
03/27/08-80008-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HAWLEY, PHILLIP L
STREET ADDRESS	300 SW 143RD ST
CITY-ST-ZIP	JONESVILLE, FL 32669
TITLE	MGR
NAME	SHAW, JAMES W
STREET ADDRESS	13505 NW 88TH PL
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	MGR
NAME	WIGGINS, JOSEPH A
STREET ADDRESS	14016 MARTIN LUTHER KING HIGHWAY
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	MGR
NAME	TOMPKINS, DARRYL J
STREET ADDRESS	14420 NW 151 BLVD
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 3/10/08 352-665-8570