

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000006799

1. Entity Name
GROUP 102, L.L.C.



Principal Place of Business
5341 GRAND BLVD., STE. 102
NEW PORT RICHEY, FL 34652

Mailing Address
5341 GRAND BLVD., STE. 102
NEW PORT RICHEY, FL 34652



01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3595245

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BRIAN T M.D.
5341 GRAND BLVD., STE. 102
NEW PORT RICHEY, FL 34652

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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, 2006**

11111111455872
03/16/06-80006-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SCHYLER, ARTHUR M M.D.
5341 GRAND BLVD., STE. 102
NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
JOHNSON, BRIAN T M.D.
5341 GRAND BLVD., STE. 102
NEW PORT RICHEY, FL 34652

TITLE
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STREET ADDRESS
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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

3-1-06

Date

(27) 815 9878

Daytime Phone #