


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000003400</b> 1. Entity Name <b>THE CERVELLE GROUP LLC</b>	
---	---

Principal Place of Business <b>1912 B LEE RD. ORLANDO, FL 32810</b>	Mailing Address <b>1912 B LEE RD. ORLANDO, FL 32810</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>59-7198679</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
--	--

6. Name and Address of Current Registered Agent  <b>KARBOWSKY, ROB 1912 B LEE RD. ORLANDO, FL 32810</b>
---

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR KARBOWSKY, ROB 1912 B LEE RD. ORLANDO, FL 32810</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DONLIN, DAVID 1912 B LEE RD. ORLANDO, FL 32810</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000035078  
02/05/04-80104-027 50.00

U00000035078  
02/05/04-80104-028 5.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: *Rob Karbow* 1/30/03 407-295-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #