


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90044 040 ****50.00

DOCUMENT # M02000003400 1. Entity Name THE CERVELLE GROUP LLC					
Principal Place of Business 1912 B LEE RD. ORLANDO, FL 32810			Mailing Address 1912 B LEE RD. ORLANDO, FL 32810		
2. Principal Place of Business 238 n. westmonte Dr		3. Mailing Address 238 n. westmonte Dr			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210			
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL			
Zip 32714		Country Seminole		Zip 32714	
Country Seminole		Country Seminole			
4. FEI Number 59-7198679			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KARBOWSKY, ROB 1912 B LEE RD. ORLANDO, FL 32810			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 238 n. westmonte Drive Suite 210 City Altamonte Springs FL Zip Code 32714		
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 <u>Rob M. Karbow</u> / Rob M. Karbow DATE 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARBOWSKY, ROB 1912 B LEE RD. ORLANDO, FL 32810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Karbowsky, Rob 238 n. westmonte Drive Suite 210 Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONLIN, DAVID 1912 B LEE RD. ORLANDO, FL 32810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Donlin, David 238 n. westmonte Drive Suite 210 Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Rob M. Karbow</u> / Rob M. Karbow <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/20/05 Daytime Phone # 407.475.9966		