

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001057

Entity Name: EXITO GROUP, LLC

FILED
Mar 05, 2006
Secretary of State

Current Principal Place of Business:

3162 NAUTILUS ROAD
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

3162 NAUTILUS ROAD
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 20-0897088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, L. BLOUNT
3162 NAUTILUS ROAD
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARMSTRONG, L. BLOUNT
Address: 3162 NAUTILUS ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM () Delete
Name: ARMSTRONG, SUSIE C
Address: 3162 NAUTILUS ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM () Delete
Name: ARMSTRONG, AARON B
Address: 1608 ENCLAVE CIRCLE
City-St-Zip: NASHVILLE, TN 37211

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ARMSTRONG, AARON B
Address: 309 CHURCH STREET #507
City-St-Zip: NASHVILLE, TN 37201

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: L. BLOUNT ARMSTRONG

MGRM

03/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date