

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90051 001 ***350.00

DOCUMENT # M04000002130

1. Entity Name
FRIENDSHIP GROUP, LLC



Principal Place of Business
**924 GAINESVILLE HIGHWAY, SUITE 120
BUFORD, GA 30518**

Mailing Address
**924 GAINESVILLE HIGHWAY, SUITE 120
BUFORD, GA 30518**

30007258



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
04-3771569

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKEY, MICHAEL T
2750 STICKNEY POINT ROAD, SUITE 106
SARASOTA, FL 34231**

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City **Plantation**

FL

Zip Code
33324

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

Joan Bolden

JOAN BOLDEN

(Name, typed or printed name of registered agent and title if applicable)

ASSISTANT SECRETARY

4/17/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOOLEY, TERRY W 924 GAINESVILLE HIGHWAY, SUITE 120 BUFORD, GA 30518	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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 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:

Terry W. Dooley

Terry W. Dooley Mgr Mem.

Date

Daytime Phone #

4-24-06 (118) 318-1055