

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000240

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** THE CULTURAL PLANNING GROUP, LLC

**Current Principal Place of Business:**

4885 KENSINGTON DRIVE  
SAN DIEGO, CA 92116

**New Principal Place of Business:**

**Current Mailing Address:**

4885 KENSINGTON DRIVE  
SAN DIEGO, CA 92116

**New Mailing Address:**

**FEI Number:** 56-2552152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLYNN, LINDA T  
THE TARA GROUP (WAKELING, INC)  
1228 SOUTHWEST NINTH AVE  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

FLYNN, LINDA T  
THE TARA GROUP (WAKELING, INC)  
2816 NW 8TH AVENUE  
WILTON MANORS, FL 33311 US

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:

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PLETTNER-SAUNDERS, DAVID  
Address: 4885 KENSINGTON DRIVE  
City-St-Zip: SAN DIEGO, CA 92116

Title: MGRM  
Name: ANDERSON, MARK  
Address: 17801 SABBIA DORO WAY  
City-St-Zip: PACIFIC PALISADES, CA 90272

Title: MGRM  
Name: MASAKI, KAREN  
Address: POST OFFICE BOX 2065  
City-St-Zip: VOLCANO, HI 96785

Title: MGRM  
Name: ALLEN, GERALD  
Address: 444 HOOVER RD  
City-St-Zip: SOQUEL, CA 95073

Title: MGRM  
Name: COHEN, MARTIN  
Address: 901 MELROSE AVE  
City-St-Zip: MELROSE PARK, PA 19027

I hereby 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: DAVID PLETTNER-SAUNDERS

MGRM

04/26/2011

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