

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 MAR 17 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bh



02162005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000048244				
1. Entity Name COMM 1 INVESTMENT CLUB, L.L.C.				
Principal Place of Business P.O. BOX 38333 TALLAHASSEE, FL 32315-8333		Mailing Address P.O. BOX 38333 TALLAHASSEE, FL 32315-8333		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 20-1299350			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
KIRBY, ARTHUR 133 DAWN LAUREN LN TALLAHASSEE, FL 32301				Name						
				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	

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: Arthur R. Kirby - Arthur R. Kirby DATE: 3-8-2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIRBY, ARTHUR			NAME	Allison Jill		
STREET ADDRESS	P.O. BOX 38533			STREET ADDRESS	1769 Folk Stone Rd		
CITY-ST-ZIP	TALLAHASSEE, FL 32315			CITY-ST-ZIP	Tallahassee FL 32312		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLANTE, LINDA			NAME			
STREET ADDRESS	POST OFFICE BOX 15993			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32317			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, MICHAEL			NAME			
STREET ADDRESS	2453 NEEDLE PALM WAY			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODSON, STEVEN			NAME			
STREET ADDRESS	3275 EMERSON LANE			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32317			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANTON, WILLIAM			NAME			
STREET ADDRESS	2121 HEAVEN'S COURT			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32310			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Arthur R. Kirby DATE: 3-17-05 DAYTIME PHONE #: 850 531-7980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #