2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041673

Name:

Address:

City-St-Zip:

22 PYMOUTH ROAD

WINCHESTER, MA 01890

Entity Name: THE 440 INVESTMENT GROUP, LLC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7396 OLD MAGNOLIA COURT NAVARRE, FL 32566 **Current Mailing Address: New Mailing Address:** 7396 OLD MAGNOLIA COURT NAVARRE, FL 32566 FEI Number: 20-2781407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOUNTAIN LAW FIRM, P.A. 2045 FOUNTAIN PROFESSIONAL COURT SUITE A NAVARRE, FL 32566 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete Name: MCCABE, MARYELLEN Name: Address: 1756 MAGNOLIA HARBOR DRIVE Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: HAYSE, MIKE Name: Address: 7396 OLD MAGNOLIA COURT Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BISHOP, JOSEPH Name: Name: Address: 7396 OLD MAGNOLIA COURT Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MALONEY, JOSEPH

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARYELLEN MCCABE **MGRM** 05/01/2008