

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077023

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: WORKGIANT INVESTMENT GROUP, LLC.

**Current Principal Place of Business:**

11613 PLANTATION PRESERVE CIR  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

11613 PLANTATION PRESERVE CIR  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 20-5356401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SOUTHWEST PROFESSIONAL SERVICES OF S FL IN  
13571 MCGREGOR BLVD #22  
FORT MYERS, FL 33919 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: WALLEN, MARK  
Address: 11613 PLANTATION PRESERVE CIR  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM ( ) Delete  
Name: IAVARONI, RICHARD  
Address: 13202 HEATHER RIDGE LOOP  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM ( ) Delete  
Name: COURT, JASON  
Address: 11156 LAKE LAND CIR  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM ( ) Delete  
Name: COURT, LYNN  
Address: 10480 WASHINGTONIA PALM WAY #1138  
City-St-Zip: FORT MYERS, FL 33966 US

Title: MGRM ( ) Delete  
Name: COURT, AMY  
Address: 3275 LENOX RD #202  
City-St-Zip: ATLANTA, GA 30324 US

Title: MGRM ( ) Delete  
Name: TYSON, JEFF  
Address: P.O. BOX 08298  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

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: MARK A WALLEN

MGRM

01/16/2007

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