

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116037

FILED
Apr 26, 2008
Secretary of State

Entity Name: FRIENDS AND ASSOCIATES INVESTMENT GROUP, LLC

Current Principal Place of Business:

1681 NW 7 TERRACE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1681 NW 7 TERRACE
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLER, SHELTON A
1681 NW TERRACE
POMPANO BEACH, FL 33060 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: POOLER, SHELTON A
Address: 1681 NW 7 TERRACE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MGRM () Delete
Name: POOLER, LISA D
Address: 1681 NW 7 TERRACE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MGRM () Delete
Name: DARBY, CHACNE L
Address: 1681 NW 7 TERRACE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MGRM () Delete
Name: MCCALL, PATRICK A
Address: 4106 EASTRIDGE CIRCLE
City-St-Zip: POMPANO BEACH, FL 33411 US

Title: MGRM () Delete
Name: MCCALL, MARY L
Address: 4106 EASTRIDGE CIRCLE
City-St-Zip: POMPANO BEACH, FL 33411 US

Title: MGRM () Delete
Name: LOUIS, LOURDELYNE
Address: 1355 S.DIXIE HWY #421
City-St-Zip: POMPANO BEACH, FL 33441 US

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 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: SHELTON POOLER

P

04/26/2008

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