2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90190 024 ****50.00

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1. Entity Name
FOX INVESTMENTS GROUP, LLC

Principal Place of Business	Mailing Address
2101 BRICKELL AVENUE #2005 MIAMI, FL 33129	2101 BRICKELL AVENUE #2005 MIAMI, FL 33129

02082006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
2101 Brickell Avenue		2101 Brickell Avenue	
Suite, Apt. #, etc.: Apt # 2006		Suite, Apt. #, etc.: Apt. # 2006	
City & State: Miami FL		City & State: Miami FL	
Zip: 33129	Country: U.S.A	Zip: 33129	Country: U.S.A

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VOLPE, FRANCESCO
2101 BRICKELL AVENUE
#2005
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name: Francesco Volpe
Street Address (P.O. Box Number is Not Acceptable): 2101 Brickell Avenue, Apt # 2006,
City: Miami **FL** Zip Code: 33129

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOLPE, FRANCESCO 2101 BRICKELL AVENUE MIAMI, FL 33129	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCESCO VOLPE 2101 Brickell Avenue, Apt 2006 Miami FL 33129	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 02-08-06 (786) 277-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #