# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 21, 2009**
**Secretary of State**

DOCUMENT# L02000007490

**Entity Name:** WALLACE INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

3110 KINGSWOOD TERRACE
BOCA RATON, FL 33431

**New Principal Place of Business:**

7949 PICKLEWOOD PARK DRIVE
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

3110 KINGWOOD TERR
BOCA RATON, FL 33431

**New Mailing Address:**

7949 PICKLEWOOD PARK DRIVE
BOYNTON BEACH, FL 33437

**FEI Number:** **FEI Number Applied For (X)** **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:**

WALLACE, STEVEN E
3110 KINGWOOD TERR
BOCA RATON, FL 33431 US

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

WALLACE, STEVEN E
7949 PICKLEWOOD PARK DRIVE
BOYNTON BEACH, FL 33437 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: STEVEN E. WALLACE 05/21/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: WALLACE, STEVEN
Address: 3110 KINGSWOOD TERRACE
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: WALLACE, STEVEN
Address: 7949 PICKLEWOOD PARK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

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: STEVEN E. WALLACE MGR 05/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date