

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90242 006 \*\*\*\*50.00

DOCUMENT # L00000009310

1. Entity Name

SECURITY BROTHERS INVESTMENT GROUP, L.L.C.



Principal Place of Business

750 THIRD ST  
#3  
NEPTUNE BEACH FL 32266

Mailing Address

P.O. BOX 51172  
JACKSONVILLE BEACH FL 32240-1172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3720739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES J JR  
750 THIRD ST. SUITE #3  
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name

JEFF H. WATTERS

Street Address (P.O. Box Number is Not Acceptable)

750 THIRD ST. - STE #3

City

NEPTUNE BEACH

FL

Zip Code

32266

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

*Jeff H. Watters*

JEFF H. WATTERS

MGR

3-15-05

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SMITH, JAMES J JR	
STREET ADDRESS	750 THIRD ST. STE #3	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT F	
STREET ADDRESS	750 THIRD ST. STE. #3	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WATTERS, JEFFERY H	
STREET ADDRESS	750 THIRD ST. STE #3	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Jeff H. Watters*

JEFF H. WATTERS

MGR

3-15-05

904-241-1958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #