


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000014286 1. Entity Name MAIN LINE INVESTMENTS GROUP, L.C.	
--	---

Principal Place of Business 19480 SAWGRASS DRIVE, UNIT 1701 BOCA RATON, FL 33434	Mailing Address 19480 SAWGRASS DRIVE, UNIT 1701 BOCA RATON, FL 33434
--	--

DO NOT WRITE IN THIS SPACE



02152006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1058493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHLOMCHIK, SEYMOUR M.D. 19480 SAWGRASS DRIVE, UNIT 1701 BOCA RATON, FL 33434
--

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHLOMCHIK, SEYMOUR M.D. 19480 SAWGRASS DRIVE, UNIT 1701 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHLOMCHIK, MARK M.D. 27 FOX DEN WAY WOODBIDGE, CT 06525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHLOMCHIK, WARREN M.D. 9 HITCHCOCK ROAD WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000459557
03/18/06-80038-008 50.00

DO NOT WRITE IN THIS SPACE

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 605, Florida Statutes.

SIGNATURE: Shlomchik, Seymour M.D. 3/6/06 561-443-0572
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #