2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000001145

1. Entity Name

FSH INVESTMENT GROUP, LLC

FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

or business Ma

100 S.W. ALBANY AVENUE, SUITE 300 STUART, FL 34994

Mailing Address

100 S.W. ALBANY AVENUE, SUITE 300 STUART, FL 34994



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0026449 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARRO, PASQUALE G 100 S.W. ALBANY AVENUE, SUITE 300 STUART, FL 34994

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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)

04/24/07-80142-009 50.00

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS	MGRM ZARRO, PASQUALE G 100 S.W. ALBANY AVENUE, SUITE 300
CITY-ST-ZIP	STUART, FL 34994
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM BEATTY, SAM J JR. 100 S.W. ALBANY AVENUE, SUITE 300 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTHIAUME, ELIZABETH 100 S.W. ALBANY AVENUE, SUITE 300 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

4-11-09

112 288 5251

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

Date

Daytime Phone #