


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L01000001145 1. Entity Name FSH INVESTMENT GROUP, LLC	
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Principal Place of Business 100 S.W. ALBANY AVENUE, SUITE 300 STUART, FL 34994	Mailing Address 100 S.W. ALBANY AVENUE, SUITE 300 STUART, FL 34994
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04162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 80-0026449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

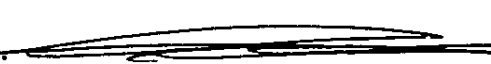
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U00000911210 05/07/08-80031-008 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZARRO, PASQUALE G 100 S.W. ALBANY AVENUE, SUITE 300 STUART, FL 34994
TITLE NAME STREET ADDRESS 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-ST-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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4-18-08 (772) 288-5251 <small>Date Daytime Phone #</small>