



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90130 033 \*\*\*\*50.00

<b>DOCUMENT # L01000015300</b> 1. Entity Name <b>SECOND STREET INVESTMENT GROUP, LLC</b>					
Principal Place of Business <b>729 S. FEDERAL HWY., STE. 200 STUART, FL 34994</b>			Mailing Address <b>729 S. FEDERAL HWY., STE. 200 STUART, FL 34994</b>		
2. Principal Place of Business <b>100 Sw Albany Ave</b> Suite, Apt. #, etc. <b>Suite 300</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>STUART FL</b>		City & State City & State			
Zip <b>FL</b>		Zip <b>MARTIN</b>			
Country <b>MARTIN</b>		Country			
4. FEI Number <b>65-1144898</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				07062004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>ZARRO, PASQUALE G</b> <b>729 S. FEDERAL HWY., STE. 200</b> <b>STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>100 Sw Albany Ave</b> <b>Suite 300</b> City <b>STUART</b> FL <b>34994</b>		
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZARRO, PASQUALE G 729 S. FEDERAL HWY., STE. 200 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Sw Albany Ave Suite STUART FL 34994 300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZARRO, JOANNE 729 S. FEDERAL HWY., STE. 200 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Sw Albany Ave Suite STUART FL 34994 300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTHIAUME, ROBERT F JR. 729 S. FEDERAL HWY., STE. 200 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Sw Albany Ave Suite STUART FL 34994 300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTHIAUME, ROBERT F SR. 729 S. FEDERAL HWY., STE. 200 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Sw Albany Ave Suite STUART FL 34994 300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAFFER, MARTIN S 1699 W. STATE ROAD 434 LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Sw Albany Ave Suite STUART FL 34994 300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>		
Date			Daytime Phone #		

x 7-8-04 x 772-288-5251