

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015300					
1. Entity Name SECOND STREET INVESTMENT GROUP, LLC					
Principal Place of Business 100 SW ALBANY AVE - SUITE 300 STUART FL 34994			Mailing Address 100 SW ALBANY AVE - SUITE 300 STUART FL 34994		
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 65-1144898	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZARRO, PASQUALE G 100 SW ALBANY AVE - SUITE 300 STUART FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZARRO, PASQUALE G 100 SW ALBANY AVE - SUITE 300 STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add/Amend
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZARRO, JOANNE 100 SW ALBANY AVE - SUITE 300 STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add/Amend
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERTHIAUME, ROBERT F JR. 100 SW ALBANY AVE - SUITE 300 STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add/Amend
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERTHIAUME, ROBERT F SR. 100 SW ALBANY AVE - SUITE 300 STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add/Amend
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHAFER, MARTIN S 100 SW ALBANY AVE - SUITE 300 LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add/Amend
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add/Amend

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 Pasquale Zarro **1-25-05** **772-288-5251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #