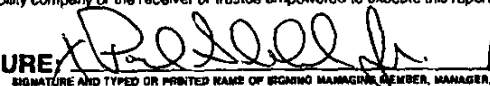


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAR 11 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017513			
1. Entity Name THE PICOLATA INVESTMENT GROUP, LLC			
Principal Place of Business 10690 CR 13 NORTH ST AUGUSTINE, FL 32092		Mailing Address 10690 CR 13 NORTH ST AUGUSTINE, FL 32092	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SYKES & ASSOCIATES, PROFESSIONAL LIMITED C 5 PALM ROW ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name THE SYKES FIRM, PROFESSIONAL LTD. CO. Street Address (P.O. Box Number is Not Acceptable) 103 SAN RAFAEL RD. (ATTN: W. STEVE SYKES) City ST. AUGUSTINE FL Zip Code 32080	
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 		DATE 3/4/2004	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP GARDEN, STEPHEN 10690 CR 13 NORTH SAINT AUGUSTINE, FL 32092 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200030830 03723/04--01063--001 ***150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARNOLD, PAUL 1170 MCENTIRE RD TRYON, NC 28782 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM President Arnold Paul G St 1170 McEntire Rd Tryon N.C 28782 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIRDEN, CYNTHIA L 10690 CR 13 N SAINT AUGUSTINE, FL 32092 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Treasurer Arnold Carolyn S 1170 McEntire Rd Tryon N.C 28782 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 		DATE 3-4-04 828-863-4645	
SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	