2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002004

1. Entity Name
CONTINENTAL INVESTMENT GROUP, LLC

Principal Place of Business	Mailing Address
613 LAKE AVE. ALTAMONTE SPRINGS, FL 32701 US	613 LAKE AVENUE ALTAMONTE SPRINGS, FL 32701 US

DO NOT WRITE IN THIS SPACE

08102007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-4234569	Not Applicable

5. Certificate of Status Desired	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CATHCART, CHRISTOPHER C
210 N. WYMORE ROAD
WINTER PARK, FL 32789

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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)   DATE
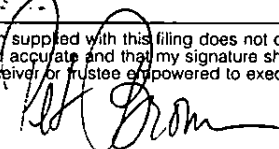
Filing Fee Is $50.00
Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BROWN, PET
STREET ADDRESS	613 LAKE AVENUE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/17/07-80006-011 55.00

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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: _____   Aug 10th 2007 (407) 620-8835

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