

FILED
Apr 19, 2004 8:00 am
Secretary of State

DOCUMENT # L03000005600									
1. Entity Name THE INVESTMENT GROUP, LLC									
Principal Place of Business 2770 SOUTH HORSESHOE DRIVE SUITE 7 NAPLES, FL 34104		Mailing Address 2770 SOUTH HORSESHOE DRIVE SUITE 7 NAPLES, FL 34104							
2. Principal Place of Business 2770 Horseshoe Dr. S. Suite, Apt. #, etc. Ste 7 City & State NAPLES, FL Zip 34104-6147		3. Mailing Address 2770 Horseshoe Dr. S. Suite, Apt. #, etc. Ste 7 City & State Naples, FL Zip 34104-6147							
6. Name and Address of Current Registered Agent RESHA, ROBERT 2770 SOUTH HORSESHOE DRIVE SUITE 7 NAPLES, FL 34104		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td>GA</td> </tr> <tr> <td>Street Address</td> <td>2770</td> </tr> <tr> <td>City</td> <td>NAPLES</td> </tr> </table>		Name	GA	Street Address	2770	City	NAPLES
Name	GA								
Street Address	2770								
City	NAPLES								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent									
SIGNATURE		(NOTE: Registered Agent signature required)							
Filing Fee is \$50.00 Due by May 1, 2004									
9. MANAGING MEMBERS / MANAGERS		10.							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MN GA 2770 NA						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1430 of the Official Code of Georgia Annotated and that my signature shall have the same legal effect as if I am a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 13 of the Official Code of Georgia Annotated.									
SIGNATURE:									