2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name THE INVESTMENT GROUP, LLC	5600		04-05-2004 90499 009 ****50.00
Principal Place of Business 2770 SOUTH HORSESHOE DRIVE SURTE 7 NAPLES, FL 34104	Mailing Address 2770 SOUTH HORSESHOE SUITE 7 NAPLES, FL 34104	DRIVE	: (A DICERI AN A BLUCA SENI ACMI: ATIN ATIN BEND BEND TOTAL BIND CHIN DOLLI COLORS (N) (TO)
2. Principal Place of Business 2770 Hovseshoe Dr. S.	3. Mailing Address 2770 Hoysesh	be Dr. S.	
Suite, Apt. #, etc. Ste 7	Suite, Apl. #, etc.		04012004 Chg-LLC CR2E083 (10/03)
NAPLES , FL	Naples, FL		4. FEI Number 90-0153690 Applied For Nor Applicable
Zip 34104-6147 Country G. Name and Address of Curren	34104-647	์ นี้รั	5. Certificate of Status Desired 55.00 Additional Fee Required 7. Name and Address of New Registered Agent
		Name () A	-
RESHA, ROBERT 2770 SOUTH HORSESHOE DRIVE		Street Address	RY-W-WITTOCK a (P.O. Box Number is Not Acceptable) b Horse Stafe Dy. S.
SUITE 7 NAPLES, FL 34104		Ste	7
		City NAPI	
The above named entity submits this statement the obligations of registered agent SIGNATURE Discourse, typed or printed name of registered agent.		tered office or register	red agent, or both, i n the State of Florida. I am familiar with, and accept
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida: Dapartment of State
9., MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/CHANGES
mie	☐ Delete	TITLE MA	
NAME STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS 27	ARY N. WITTOCK 70 Horseshoe Dr. S. St. #7 PLES. FL 34104-6147
TITLE NAME	☐ Defete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	Delete	_TITLE_ NAME STREET ADDRESS	Change Addition .
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	Delete -	NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP		CITY-ST-ZIP	·
TITLE NAME	☐ Defete	TITLE Name	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP	
TILE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP	<u>; </u>	CITY-ST-ZIP	
I hereby certify that the information supplied we indicated on this report is true and accurate a limited liability company or the receiver or trus	nd that my signature shall have the s	same legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the other 608, Florida Statu tes.
SIGNATURE:	KL		4/2/04 239-434-5818 EPRESENTATIVE Date Deprime Proce #
SIGNATURE AND TYPED OR PRINTED NA	ME OF SIGNING MANAGING MEMBER, MAN	LAGER, OR AUTHORIZED RE	EPISEDERIFATIVE Date Daystine Proces