## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 23, 2004 8:00 am Secretary of State DOCUMENT # L03000017371 02-10-2004 90106 048 \*\*\*\*50.00 INVESTMENT GROUP OF FLORIDA, L.L.C. Principal Place of Business Mailino Address 010000XV 1930 BRANTLEY CIRCLE 1930 BRANTLEY CIRCLE CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) 4. FEI Number 55 -0832722 City & State City & State Applied For Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CERILLI, CARL "Street Address (P.O. Box Number is Not Acceptable)" --1930 BRANTLEY CIRCLE CLERMONT FL 34711 City 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 Separate, typed or printed name of registered agent and rite it applicable (NOTE: Registered Agent signature required when re-FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State ٤. Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE \* MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME CERILLI, CARL NAME STREET ADORESS 1930 BRANTLEY CIRCLE STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete ☐ Chance ☐ Addition TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ms ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

ER, OR AUTHORIZED REPRESENTATIVE

FILED