2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 13, 2007 8:00 am
Secretary of State
02-19-2007 90194 037 ****50.00

DOCUMENT # L03000017371

1. Entity Name
INVESTMENT GROUP OF FLORIDA, L.L.C.

30002195

Principal Place of Business	Mailing Address
600 S. MAIN AVE MINNEOLA, FL 34755	600 S. MAIN AVE MINNEOLA, FL 34755

01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0832722
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CERILLI, CARL
600 S MAIN AVE
MINNEOLA, FL 34755

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CERILLI, CARL
STREET ADDRESS	600 S MAIN AVE
CITY-ST-ZIP	MINNEOLA, FL 34755
TITLE	MGR
NAME	PLUMMER, FRED K
STREET ADDRESS	600 S MAIN AVE
CITY-ST-ZIP	MINNEOLA, FL 34755
TITLE	~~MGR~~
NAME	~~BARNES, BRITTON~~ DELETE
STREET ADDRESS	~~600 S MAIN AVE~~
CITY-ST-ZIP	~~MINNEOLA, FL 34755~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carl Cerilli, Mgr. 07mar07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CARL CERILLI, MGR