

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031577

FILED
Jun 07, 2005
Secretary of State

Entity Name: MCINTYRE INVESTMENT GROUP, LLC

Current Principal Place of Business:

2442 OAKINGTON ST.
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

PO BOX 784083
WINTER GARDEN, FL 34778 US

Current Mailing Address:

2442 OAKINGTON ST.
WINTER GARDEN, FL 34787 US

New Mailing Address:

PO BOX 784083
WINTER GARDEN, FL 34778 US

FEI Number: 76-0740298 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCINTYRE, SCOTT C
500 MICKLETON LOOP
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCINTYRE, SCOTT C
Address: 500 MICKLETON LOOP
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM () Delete
Name: MCINTYRE, RYAN B
Address: 2442 OAKINGTON ST.
City-St-Zip: WINTER GARDEN, FL 34787 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RYAN MCINTYRE

MGR

06/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date