

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010435

Entity Name: DOCTORS INVESTMENT GROUP, LLC

FILED  
Apr 16, 2008  
Secretary of State

**Current Principal Place of Business:**

3891 DAVIS BLVD.  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3891 DAVIS BOULEVARD  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 43-2043430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOCTORS, MARTIN  
3891 DAVIS BLVD.  
NAPLES, FL 34104 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: MGR ( ) Delete  
Name: DOCTORS, MARTIN  
Address: 2316 PINE RIDGE RD #417  
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete  
Name: DOCTORS, ASHLEY  
Address: 3612 BAYSHORE DR  
City-St-Zip: NAPLES, FL 34112

Title: MGR ( ) Delete  
Name: DOCTORS, JUANITA  
Address: 2316 PINE RIDGE ROAD, #417  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

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

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 exemption stated in Chapter 119, 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: MARTIN DOCTORS

MGR

04/16/2008

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