

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010435

FILED
Apr 16, 2008
Secretary of State

Entity Name: DOCTORS INVESTMENT GROUP, LLC

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