

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90238 001 \*\*\*100.00

**DOCUMENT # L04000034783**

1. Entity Name

THE 3M INVESTMENT GROUP, LLC



Principal Place of Business

880 MANDALAY AVENUE  
#N405  
CLEARWATER BEACH FL 33767  
US

Mailing Address

880 MANDALAY AVENUE  
#N405  
CLEARWATER BEACH FL 33767  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-1593158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGAL ZOOM NEVADA, INC. MALLOY, DONNA  
44 W. FLAGLER ST 880 MANDALAY AVE  
SUITE 675 N-405  
MIAMI FL 33130 CLEARWATER BCH, FL  
33767

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME MILLER, DAVID J  
STREET ADDRESS 880 MANDALAY AVENUE, #N405  
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MALLOY, DONNA  
STREET ADDRESS 880 MANDALAY AVENUE, #N405  
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MALLOY, PATRICIA  
STREET ADDRESS 880 MANDALAY AVENUE, #N405  
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donna Malloy* DONNA MALLOY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-28-06 (727) 667-0069

Date

Daytime Phone #