

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055082

FILED
Sep 04, 2007
Secretary of State

Entity Name: MALAUSO SYNDICATE INVESTMENT GROUP, LLC

Current Principal Place of Business:

3110 BROOKRIDGE DR.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

3110 BROOKRIDGE DR.
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

CRAIG, ALPHONSO
3110 BROOKRIDGE DR.
TALLAHASSEE, FL 32310 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CRAIG, ALPHONSO
Address: 3110 BROOKRIDGE DR.
City-St-Zip: TALLAHASSEE, FL 32310

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

Title: MGRM () Delete
Name: CRAIG, JOHNNY
Address: 6035 VALLEY GREEN RD.
City-St-Zip: LITHONIA, GA 30058

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

Title: MGRM () Delete
Name: HUBBARD, BRIAN
Address: 3155 PANTHERS TRACE
City-St-Zip: DECATUR, GA 30034

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

Title: MGRM () Delete
Name: JOSEPH, DARYL T
Address: 3863 SUMMER GROVE WAY NORTH
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: MGRM () Delete
Name: FOY, LAMONT
Address: 8231 PRINCETON SQUARE BLVD., APT. #401
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: MGRM () Delete
Name: BOATMAN, TERRANCE L
Address: 8925 IVEY RD.
City-St-Zip: JACKSONVILLE, FL 32216

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: ALPHONSO CRAIG

MGRM

09/04/2007

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