

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060636

FILED
Apr 29, 2005
Secretary of State

Entity Name: XPONENT INVESTMENT GROUP, L.L.C.

Current Principal Place of Business:

6808 ARBOR OAKS CIRCLE
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

6808 ARBOR OAKS CIRCLE
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 03-0551636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNSADER, KENNETH
6808 ARBOR OAKS CIRCLE
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

HUNSADER, JOSEPH H
6808 ARBOR OAKS CIRCLE
BRADENTON, FL 34209 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: JOSEPH H HUNSADER

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HUNSADER, ANN
Address: 1120 ROMAYNE DRIVE
City-St-Zip: AKRON, OH 44313

Title: MGRM () Change (X) Addition
Name: HUNSADER, KENNETH
Address: 9447 SWEETGUM COURT
City-St-Zip: DAPHNE, AL 36527

Title: MGRM () Change (X) Addition
Name: HUNSADER, JOSEPH H
Address: 6808 ARBOR OAKS CIRCLE
City-St-Zip: BRADENTON, FL 34209

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: JOSEPH H HUNSADER

MGRM

04/29/2005

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