

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060669

FILED
Apr 03, 2006
Secretary of State

Entity Name: AUSTIN INVESTMENT GROUP, LLC

Current Principal Place of Business:

22480 DANCEY CT
NOVI, MI 48374 US

New Principal Place of Business:

22480 DARCEY CT
NOVI, MI 48374 US

Current Mailing Address:

22537 PORTER STREET
NOVI, MI 48374

New Mailing Address:

22480 DARCEY COURT
NOVI, MI 48374

FEI Number: 57-1210631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEESE, RICHARD S
36468 EMERALD COAST PARKWAY
SUITE 1201
DESTIN, FL 32541 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: MGRM () Delete
Name: PRICE, THOMAS J
Address: 22480 DARCEY CT
City-St-Zip: NOVI, MI 48374

Title: MGRM () Delete
Name: AGNONE, PETER M
Address: 1508 KINGSBRIDLE TRAIL
City-St-Zip: GRAND BLANC, MI 48439

Title: MGRM () Delete
Name: AGNONE, JOHN A
Address: 8495 HAMPTON
City-St-Zip: GROSSE ILE, MI 48138

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 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: THOMAS J. PRICE

MGRM

04/03/2006

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