

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000060669

1. Entity Name
AUSTIN INVESTMENT GROUP, LLC



Principal Place of Business

**22480 DARCEY CT
NOVI, MI 48374 US**

Mailing Address

**22480 DARCEY COURT
NOVI, MI 48374**

DO NOT WRITE IN THIS SPACE



04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
57-1210631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCNEESE, RICHARD S
36468 EMERALD COAST PARKWAY
SUITE 1201
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRICE, THOMAS J 22480 DARCEY CT NOVI, MI 48374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGNONE, PETER M 1508 KINGSBRIDLE TRAIL GRAND BLANC, MI 48439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGNONE, JOHN A 8495 HAMPTON GROSSE ILE, MI 48138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/07-80063-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Thomas J Price*

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

Date

Daytime Phone #

4/12/07 313-938-8157