

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060669

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: AUSTIN INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

22480 DARCEY CT  
NOVI, MI 48374 US

**New Principal Place of Business:**

**Current Mailing Address:**

1508 KINGS BRIDAL TRL  
GRAND BLANC, MI 48439

**New Mailing Address:**

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 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: PETER M. AGNONE

MGRM

04/08/2009

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