2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074742

Entity Name: FOUR FEATHERS INVESTMENT GROUP, LLC

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

11640 RIDE WAY 2033 RALEY CREEK DRIVE E. JACKSONVILLE, FL 322237442 US JACKSONVILLE, FL 32225 LIS

Current Mailing Address: New Mailing Address:

11640 RIDE WAY 2033 RALEY CREEK DRIVE E. JACKSONVILLE, FL 322237442 US JACKSONVILLE, FL 32225 US

FEI Number: 20-1764235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HICE, SHERRY K HICE, SHERRY K 11640 RIDE WAY 2033 RALEY CREEK DRIVE E.

JACKSONVILLE, FL 322237442 US JACKSONVILLE, FL 32225

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: SHERRY K HICE 04/09/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

FREDENHAGEN, SHARON W Name: Name: 4315 PABLO OAKS COURT, SUITE 1 Address: Address: City-St-Zip: JACKSONVILLE, FL 322249667 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

WALKER, BARBARA S Name: Name: Address: 4315 PABLO OAKS COURT, SUITE 1 Address: City-St-Zip: JACKSONVILLE, FL 322249667 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

HARDIN, JENNIFER L Name: Name: 4315 PABLO OAKS COURT, SUITE 1 Address: Address: City-St-Zip: JACKSONVILLE, FL 322249667 US City-St-Zip:

(X) Change () Addition Title: MGRM () Delete Title: MGRM

Name: HICE, SHERRY K Name: HICE, SHERRY K

2033 RALEY CREEK DRIVE E. Address: 11640 RIDE WAY Address: City-St-Zip: JACKSONVILLE, FL 322237442 US City-St-Zip: JACKSONVILLE, FL 32225 US

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: SHERRY K HICE **MGRM** 04/09/2009