

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087352

FILED
Jan 17, 2006
Secretary of State

Entity Name: EXECUTIVE INVESTMENT GROUP LLC

Current Principal Place of Business:

1800 W. INTERNATIONAL SPEDWAY BLVD.
BLDG. 2 SUITE 203
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

1800 W. INTERNATIONAL SPEDWAY BLVD.
BLDG. 2 SUITE 203
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 20-1952395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANGE, HOWARD CPA
1800 W INTERNTATIONAL SPEEDWAY BLVD
BLDG 2 SUITE 203
DAYTONA BEACH, FL 32114 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: PRES () Delete
Name: ZOGAIB, HENRY
Address: 1485 INTERNATIONAL PARKWAY, STE. 100
City-St-Zip: HEATHROW, FL 32117

Title: MGRM (X) Delete
Name: POLITIS, MICHAEL
Address: 2632 SOUTH PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ZOGAIB, HENRY
Address: 1800 W INTL SPEEDWAY BLVD BLDG 2 SUITE 203
City-St-Zip: DAYTONA BEACH, FL 32114

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: HOWARD STANGE

CPA

01/17/2006

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