

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

08-23-2005 90094 019 *****00.00
L04000089943

DOCUMENT # L04000089943

1. Entity Name
COUNCIL INVESTMENT GROUP, LLC



Principal Place of Business

P.O. BOX 193
YULEE, FL 32097

Mailing Address

P.O. BOX 193
YULEE, FL 32097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07252005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-2035126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HITE, CATHERINE ESQ.
799 BRICKELL PLAZA
SUITE 700
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MOBLEY, OTIS C SR.
P.O. BOX 193
YULEE, FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MOBLEY, OTIS C JR.
8015 NW 8TH STREET, UNIT, A305
MIAMI, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MOBLEY, JEANETTE M
P.O. BOX 193
YULEE, FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE:

OTIS C MOBLEY

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

9/1/05

305-266-9869

Daytime Phone #