

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 05, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E083 (4/07)

4. FEI Number

20-2035126

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U00000773376  
09/05/07-80008-015 50.00

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

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

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

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

TITLE PTNR ☐ Delete  
NAME MOBLEY, TONYA R  
STREET ADDRESS PO BOX 193  
CITY-ST-ZIP YULEE FL 32097

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

TITLE PTNR ☐ Delete  
NAME MOBLEY, ANTON  
STREET ADDRESS PO BOX 193  
CITY-ST-ZIP YULEE FL 32097

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

8-30-07

904-225-9397