


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90104 031 ****50.00

DOCUMENT # L04000090371

1. Entity Name
44 INVESTMENT GROUP LLC



Principal Place of Business
**1301 BEVILLE ROAD
 UNIT 7
 DAYTONA, FL 32119**

Mailing Address
**1301 BEVILLE ROAD
 UNIT 7
 DAYTONA, FL 32119**

20052320



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

04292005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
47-0948329

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
**AMENDOLAGINE, MARILYN
 1301 BEVILLE ROAD
 UNIT 7
 DAYTONA, FL 32119**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete

NAME **AMENDOLAGINE, MICHAEL A**

STREET ADDRESS **1301 BEVILLE ROAD UNIT 7**

CITY-ST-ZIP **DAYTONA, FL 32119**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **MGRM** Delete

NAME **AMENDOLAGINE, MARILYN**

STREET ADDRESS **1301 BEVILLE ROAD UNIT 7**

CITY-ST-ZIP **DAYTONA, FL 32119**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

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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 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 608, Florida Statutes.

SIGNATURE: *Marilyn Amendolagine* 4/29/05 386-322-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #