

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000090371
 1. Entity Name
 44 INVESTMENT GROUP LLC



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



01182006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 47-0948329 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$50.00
Due by May 1, 2006

U00000403845
 02/06/06-80023-022 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------|
| TITLE | MGRM |
| NAME | AMENDOLAGINE, MICHAEL A |
| STREET ADDRESS | 1301 BEVILLE ROAD UNIT 7 |
| CITY-ST-ZIP | DAYTONA, FL 32119 |
| TITLE | MGRM |
| NAME | AMENDOLAGINE, MARILYN |
| STREET ADDRESS | 1301 BEVILLE ROAD UNIT 7 |
| CITY-ST-ZIP | DAYTONA, FL 32119 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Marilyn Amendolagine* 1/23/06 386-322-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #