


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**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
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**DO NOT WRITE IN THIS SPACE**



01162007No Chg-LLC CR2E083 (11/05)

4. FEI Number 47-0948329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMENDOLAGINE, MICHAEL A 1301 BEVILLE ROAD UNIT 7 DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMENDOLAGINE, MARILYN 1301 BEVILLE ROAD UNIT 7 DAYTONA, FL 32119
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**DO NOT WRITE IN THIS SPACE**

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* 1-17-07 386-322-0673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #