2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000013172

1. Entity Name
MOH INVESTMENT GROUP LLC

FILED
08 MAR 24 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3989 SW 141 AVENUE DAVIE, FL 33330	3989 SW 141 AVENUE DAVIE, FL 33330

02252008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3175801
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOH, SALLY
3989 SW 141 AVENUE
DAVIE, FL 33330

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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] manager 2/25/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

300121515743
03/28/08--01015--016 **288.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MOH, SALLY
STREET ADDRESS	3989 SW 141 AVENUE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	MGR
NAME	MOH, WILLIAM
STREET ADDRESS	3989 SW 141 AVE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	S
NAME	MOH, GEORGE
STREET ADDRESS	3989 SW 191 AVE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	T
NAME	MOH, MICHAEL
STREET ADDRESS	15624 SW 52 CT
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	S
NAME	MOH, JOHN
STREET ADDRESS	3989 SW 191 AVE
CITY-ST-ZIP	DAVIE, FL 33330
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: [signature] 2/25/2008 954-472-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

KS