

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021059

FILED
Jan 15, 2007
Secretary of State

Entity Name: FOUR FALCONS INVESTMENT GROUP, LLC

Current Principal Place of Business:

9604 ENCLAVE PLACE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

9604 ENCLAVE PLACE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 04-3808241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAZI, LEIF J
217 S.E. OCEAN BLVD.
STUART, FL 49994 US

Name and Address of New Registered Agent:

GRAZI, LEIF J
217 S.E. OCEAN BLVD.
STUART, FL 34995 US

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.

SIGNATURE:

01/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WUYCHECK, DANIEL
Address: 3110 LOST TREE BLVD.
City-St-Zip: FT. PIERCE, FL 34981 US

Title: MGRM () Delete
Name: LEONARD, JAMES T
Address: 10101 CROSBY PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM () Delete
Name: DEL ROCCO, FRANCIS J JR.
Address: 2170 N.W. 18 DRIVE
City-St-Zip: STUART, FL 34994 US

Title: MGRM () Delete
Name: ALLEN, ARTHUR
Address: 9604 ENCLAVE PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARTHUR H. ALLEN

MGMR

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date