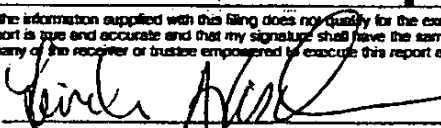


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-17-2006 90027 033 ***150.00

DOCUMENT # L05000022323																																																																																																																																																											
1. Entity Name F & S INVESTMENT GROUP, LLC																																																																																																																																																											
Principal Place of Business 4069 NE SR 47 HIGH SPRINGS, FL 32643 US			Mailing Address PO BOX 700 HIGH SPRINGS, FL 32655 US																																																																																																																																																								
2. Principal Place of Business			3. Mailing Address																																																																																																																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
Zip	Country	Zip	Country	4. FEI Number 20-2440747																																																																																																																																																							
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent FISCHER, LINDA A 4069 NE SR 47 HIGH SPRINGS, FL 32643			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 _____ (NOTE: Registered Agent signature required when submitting)																																																																																																																																																											
Filing Fee is \$50.00 Due by May 1, 2006		State check payable to Florida Department of State																																																																																																																																																									
<table border="1"> <thead> <tr> <th colspan="3">8. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">9. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>FISCHER, LINDA A</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4069 NE SR 47</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIGH SPRINGS, FL 32643</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>FISCHER, CHARLES W</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4069 NE SR 47</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIGH SPRINGS, FL 32643</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SHACKELFORD, PAT S III</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1317 SW SPIRIT AVE.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WHITE, FL 32038</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SHACKELFORD, NANCY E</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1317 SW SPIRIT AVE.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WHITE, FL 32038</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						8. MANAGING MEMBERS/MANAGERS			9. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME	FISCHER, LINDA A		NAME			STREET ADDRESS	4069 NE SR 47		STREET ADDRESS			CITY-ST-ZIP	HIGH SPRINGS, FL 32643		CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME	FISCHER, CHARLES W		NAME			STREET ADDRESS	4069 NE SR 47		STREET ADDRESS			CITY-ST-ZIP	HIGH SPRINGS, FL 32643		CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME	SHACKELFORD, PAT S III		NAME			STREET ADDRESS	1317 SW SPIRIT AVE.		STREET ADDRESS			CITY-ST-ZIP	FORT WHITE, FL 32038		CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME	SHACKELFORD, NANCY E		NAME			STREET ADDRESS	1317 SW SPIRIT AVE.		STREET ADDRESS			CITY-ST-ZIP	FORT WHITE, FL 32038		CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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10. 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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																																																																																																											
SIGNATURE:  3/13/06 386454.4666																																																																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																																											