


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000022323</b> 1. Entity Name <b>F &amp; S INVESTMENT GROUP, LLC</b>	
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Principal Place of Business <b>4069 NE SR 47 HIGH SPRINGS, FL 32643 US</b>	Mailing Address <b>PO BOX 700 HIGH SPRINGS, FL 32655 US</b>
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-2440747</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, LINDA A  
4069 NE SR 47  
HIGH SPRINGS, FL 32643**

**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: \_\_\_\_\_

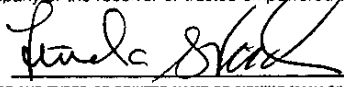
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISCHER, LINDA A 4069 NE SR 47 HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISCHER, CHARLES W 4069 NE SR 47 HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHACKELFORD, PAT S III 1317 SW SPIRIT AVE. FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHACKELFORD, NANCY E 1317 SW SPIRIT AVE. FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000653719  
03/13/07-80034-007 50.00

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:**  **2/28/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #