2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029813

615 LARGOVISTA DR

City-St-Zip: OAKLAND, FL 34787

Address:

Entity Name: WEST OAKS INVESTMENT GROUP, LLC

FILED Jan 11, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|----------------------------------|---|--|
| | OVISTA DRIV GARDEN, FL | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | OVISTA DRIVI GARDEN, FL | | | |
| FEI Number | : 20-2746846 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | l Address of C | Current Registered Agent: | Name and Address | of New Registered Agent: |
| 503 LARG OAKLAND | ER, MELINDA OVISTA DR), FL 34787 | US | nurnose of changing its register | ed office or registered agent, or both |
| | e of Florida. | submits this statement for the p | purpose of changing its register | ed office of registered agent, or both |
| SIGNATUI | RE: | | | |
| | Electror | nic Signature of Registered Ag | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM (SHUMAKER, M 503 LARGOVIS OAKLAND, FL | STA DR | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | MGRM (SHUMAKER, W 503 LARGOVIS OAKLAND, FL | STA DR | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | MGRM (KEOWN, MON' 615 LARGOVIS OAKLAND, FL | STA DR | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | MGRM (|) Delete 3 | Title: Name: | () Change () Addition |

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.

Address:

City-St-Zip:

SIGNATURE: MELINDA SHUMAKER MGRM 01/11/2007