


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90035 007 ****55.00

DOCUMENT # L05000032844 1. Entity Name FIG L.L.C.					
Principal Place of Business 5753 SKYWAY DR., NE COMSTOCK PARK, MI 49321 US			Mailing Address 5753 SKYWAY DR. N.E. COMSTOCK PARK, MI 49321 US		
2. Principal Place of Business 1517 Abaco Cay Ln. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State APOPKA, FL.		City & State 		4. FEI Number 20-2644916	
Zip 32712		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MUENZENMEYER, TOM 1517 ABACO CAY LN APOPKA, FL 32712				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 reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEY, KATHLEEN M 2488 MAYO POINT BITELY, MI 49309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Kenney, Kathleen M 5753 SKYWAY DR. N.E. COMSTOCK PARK, MI 49321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEY, ANTHONY E 2488 MAYO POINT BITELY, MI 49309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Kenney, Anthony E 5753 SKYWAY DR. N.E. COMSTOCK PARK, MI 49321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEY, JEFFREY S 6835 BELMONT AVENUE BELMONT, MI 49306	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Kathleen M. Kenney - Kathleen M. Kenney - 1/9/2006 (616)690-4847</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					