


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000032844</b> 1. Entity Name FIG L.L.C.	
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Principal Place of Business 1517 ABACO CAY LANE APOPKA, FL 32712 US	Mailing Address 5753 SKYWAY DR. N.E. COMSTOCK PARK, MI 49321 US
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**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2644916	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MUENZENMEYER, TOM 1517 ABACO CAY LN APOPKA, FL 32712
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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	MGR KENNEY, KATHLEEN M 5753 SKYWAY DRIVE NORTHEAST COMSTOCK PARK, MI 49321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KENNEY, ANTHONY E 5753 SKYWAY DRIVE NORTHEAST COMSTOCK PARK, MI 49321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KENNEY, JEFFREY S 6835 BELMONT AVENUE BELMONT, MI 49306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000581702  
01/11/07-80002-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Kathleen M. Kenney - Kathleen M. Kenney 1/7/07 616-570-4050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #