


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008 8:00 am
Secretary of State

01-04-2008 90013 002 ***138.75

DOCUMENT # L05000032844 1. Entity Name FIG L.L.C.					
Principal Place of Business 1517 ABACO CAY LANE APOPKA, FL 32712 US			Mailing Address 5753 SKYWAY DR. N.E. COMSTOCK PARK, MI 49321 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 110 E. Center St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 730			
City & State		City & State Madison, S.D.			
Zip	Country	Zip 57042	Country USA	01022008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-2644916				Applied For Not Applicable	
5. Certificate of Status Desired <input 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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			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 5753 SKYWAY DRIVE NORTHEAST COMSTOCK PARK, MI 49321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 E. Center St. # 730 Madison, S.D. 57042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEY, ANTHONY E 5753 SKYWAY DRIVE NORTHEAST COMSTOCK PARK, MI 49321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 E Center St. # 730 Madison, S.D. 57042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			1/2/08 616-784-3868		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		