## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN

## **DOCUMENT # L05000037585** FILED 1. Entity Name SEVÉN HILLS INVESTMENT GROUP, LLC 08 APR 30 AM 8: 32 SEURETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 810 MIDDLEBROOKS CIRCLE 810 MIDDLEBROOKS CIRCLE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 05012008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-2709398 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGER, THOMAS G Street Address (P.O. Box Number is Not Acceptable) 810 MIDDLEBROOKS CIRCLE TALLAHASSEE, FL 32312 City Zip Code FL 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 DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BERGER, THOMAS G NAME 810 MIDDLEBROOKS CIRCLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 600127945526 05/01/08--01008--003 \*\*138.75 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 544-0897 SIGNATURE:

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #