


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000037585		
1. Entity Name SEVEN HILLS INVESTMENT GROUP, LLC		

Principal Place of Business 810 MIDDLEBROOKS CIRCLE TALLAHASSEE, FL 32312	Mailing Address 810 MIDDLEBROOKS CIRCLE TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

FILED
08 APR 30 AM 8: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

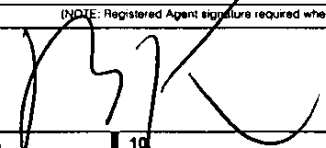


05012008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
BERGER, THOMAS G 810 MIDDLEBROOKS CIRCLE TALLAHASSEE, FL 32312	

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.

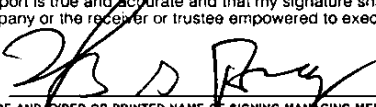
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERGER, THOMAS G 810 MIDDLEBROOKS CIRCLE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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600127945526
05/01/08--01008--003 **138.75

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 60B, Florida Statutes.

SIGNATURE: 	5/1/08	544-0897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #