

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90032 036 *****50.00

DOCUMENT # L05000041673

1. Entity Name
THE 440 INVESTMENT GROUP, LLC



Principal Place of Business
**7396 OLD MAGNOLIA COURT
NAVARRE, FL 32566**

Mailing Address
**7396 OLD MAGNOLIA COURT
NAVARRE, FL 32566**

60052415



05192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2781407

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOUNTAIN LAW FIRM, P.A.
2045 FOUNTAIN PROFESSIONAL COURT
SUITE A
NAVARRE, FL 32566**

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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 transferring)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MCCABE, MARYELLEN
1756 MAGNOLIA HARBOR DRIVE
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HAYSE, MIKE
7396 OLD MAGNOLIA COURT
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BISHOP, JOSEPH
7396 OLD MAGNOLIA COURT
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MALONEY, JOSEPH
22 PYMOUTH ROAD
WINCHESTER, MA 01890**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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: *Joseph B. Bishop*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/11/2007
Date

Daytime Phone #