

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90017 050 ***150.00

DOCUMENT # L05000046955	
1. Entity Name SPACE COAST INVESTMENT GROUP, LLC	

Principal Place of Business 406 TYLER AVE. #15 CAPE CANAVERAL, FL 32920	Mailing Address 329 TAFT AVE. COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State CAPE CANAVERAL
Zip	Country USA
Country	Zip 32920



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2820847		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HERR, GARY A 329 TAFT AVE. COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name JEROME I. DAVIS Street Address (P.O. Box Number is Not Acceptable) 2512 ISLAND CROSSING WAY City MERRITT ISLAND FL Zip Code 32952

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 *Jerome I. Davis* (NOTE: Registered Agent signature required when reinstating) DATE 1/13/07

Filing Fee is \$50.00 Due by May 1, 2007	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	MGRM DAVIS, JEROME I 2512 ISLAND CROSSING WAY MERRITT ISLAND, FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICKS, GREGORY 4866 WORTHINGTON CIRCLE ROCKLEDGE, FL 32955 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAFFER, SCOTT 1780 S. CARPENTER RD. TITUSVILLE, FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, ROBERT M 113 EBERHARD AVE. PALATKA, FL 32177 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Jerome I. Davis* MGRM DATE 1/13/07 (321) 223-8412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE