2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L05000106853

Entity Name: C.M.G. INVESTMENT GROUP, LLC

Current Principal Place of Business:

5050 STARBLAZE DRIVE
GREENACRES, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

5050 STARBLAZE DRIVE
GREENACRES, FL 33463 US

New Mailing Address:

FEI Number: 20-3730394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMBS, BRETT A
5050 STARBLAZE DRIVE
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	COMBS, BRETT A	
Address:	5050 STARBLAZE DRIVE	
City-St-Zip:	GREENACRES, FL 33463 US	
Title:	MGRM	( ) Delete
Name:	COMBS, KATRINKA A	
Address:	5050 STARBLAZE DRIVE	
City-St-Zip:	GREENACRES, FL 33463 US	
Title:	MGRM	( ) Delete
Name:	MYERS, REGINALD B	
Address:	7444 SALLY LYNN LANE	
City-St-Zip:	LAKE WORTH, FL 33461 US	
Title:	MGRM	( ) Delete
Name:	MYERS, SARI S	
Address:	7444 SALLY LYNN LANE	
City-St-Zip:	LAKE WORTH, FL 33461 US	
Title:	MGRM	( ) Delete
Name:	GARCIA, ALEJANDRO	
Address:	130 LAKE ARBOR DRIVE	
City-St-Zip:	LAKE WORTH, FL 33461 US	
Title:	MGRM	( ) Delete
Name:	GARCIA, DANIELLE P	
Address:	130 LAKE ARBOR DRIVE	
City-St-Zip:	LAKE WORTH, FL 33461 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRETT COMBS MGR 04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date