

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106853

FILED
May 07, 2007
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 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

MGRM

05/07/2007

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