

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106853

FILED
Apr 28, 2008
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 ()

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: MGRM (X) Change () Addition
Name: GARCIA, ALEJANDRO
Address: 4270 KEY LIME DRIVE
City-St-Zip: BEACH BEACH, FL 33436 US

Title: MGRM (X) Change () Addition
Name: GARCIA, DANIELLE P
Address: 4270 KEY LIME DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436 US

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

04/28/2008

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