2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L05000115837

Entity Name: CAPITAL MANAGEMENT & INVESTMENT GROUP, LLC

Current Principal Place of Business:

1525 8TH STREET N.
JACKSONVILLE BCH., FL 32250

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50255
JACKSONVILLE BCH., FL 32240

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

TRUE, DAVID
1525 8TH STREET N.
JACKSONVILLE BCH., FL 32250 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: TRUE, DAVID
Address: 1525 8TH STREET N.
City-St-Zip: JACKSONVILLE BCH., FL 32250

Title: MGRM ( ) Delete
Name: LIPPETT, EDDIE
Address: 11107 CASTLEMAIN CIR.,S.
City-St-Zip: JACKSONVILLE BCH., FL 32256

Title: MGRM ( ) Delete
Name: TRUE, KIMBERLY
Address: 1525 8TH STREET N.
City-St-Zip: JACKSONVILLE BCH., FL 32250

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: LIPPETT, EDDIE
Address: 11107 CASTLEMAIN CIR.,S.
City-St-Zip: JACKSONVILLE, FL 32256

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: KIMBERLY TRUE MGRM 05/02/2006

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