

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 11, 2006 8:00 am
Secretary of State

04-26-2006 90020 005 ****50.00

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04242006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000115844					
1. Entity Name PROCTOR INVESTMENT GROUP, LLC					
Principal Place of Business 580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266			Mailing Address 580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3886090	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCTOR, STEPHEN P 580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Proctor, Jack F. 4495 Goldcrest Lane Jax, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Averett, Christine 2529 Newport Ave. Cardiff by the Sea, CA 92007	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
managing NAME STREET ADDRESS CITY-ST-ZIP	Member Proctor, Stephen P. 2309 Pine Island Court Jax, FL 32224	<input type="checkbox"/> Delete	managing NAME STREET ADDRESS CITY-ST-ZIP	Member Proctor Hardware, Inc. 580 Atlantic Blvd Neptune Beach, FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
managing NAME STREET ADDRESS CITY-ST-ZIP	Member Proctor, Betty Lee 4495 Goldcrest Lane Jax, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
managing NAME STREET ADDRESS CITY-ST-ZIP	Member Proctor, Joseph F. 1344 Pinewood Rd. Jax Beach, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
managing NAME STREET ADDRESS CITY-ST-ZIP	Member Proctor, Elizabeth W. 1012 Buddy Croad Lane Neptune Beach, FL 32266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
managing NAME STREET ADDRESS CITY-ST-ZIP	Member Proctor, Daniel C. 1926 Ibis Point Lane Jax, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:			04-24-06 (904) 949-0179		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		