

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000115844 1. Entity Name PROCTOR INVESTMENT GROUP, LLC	
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Principal Place of Business 580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266	Mailing Address 580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3886090	Applied For Not Applicable
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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

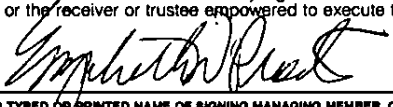
**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROCTOR, JACK F 4495 GOLDCREST LN JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROCTOR, STEPHEN P 2309 PINE ISLAND CRT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROCTOR, BETTY LEE 4495 GOLDCREST LN JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROCTOR, JOSEPH F 1344 PINWOOD RD JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROCTOR, ELIZABETH W 1012 BUDDY CRT LN NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROCTOR, DANIEL C 1926 IBIS PT LN JACKSONVILLE, FL 32224

U00000711374
 04/26/07-80003-019 50.00

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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:  04-13-07 (904) 249-0179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #