


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90181 046 ***138.75

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02142008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
20-3886090

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PROCTOR, STEPHEN P 580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROCTOR, JACK F			NAME			
STREET ADDRESS	4495 GOLDCREST LN			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROCTOR, STEPHEN P			NAME			
STREET ADDRESS	2309 PINE ISLAND CRT			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROCTOR, BETTY LEE			NAME			
STREET ADDRESS	4495 GOLDCREST LN			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROCTOR, JOSEPH F			NAME			
STREET ADDRESS	1344 PINWOOD RD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROCTOR, ELIZABETH W			NAME			
STREET ADDRESS	1012 BUDDY CRT LN			STREET ADDRESS			
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROCTOR, DANIEL C			NAME	Proctor, Daniel C.		
STREET ADDRESS	1926 IBIS PT LN			STREET ADDRESS	580 Atlantic Blvd.		
CITY-ST-ZIP	JACKSONVILLE, FL 32224			CITY-ST-ZIP	Neptune Beach, FL 32266		

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:  **02-26-08** **(904) 249-0179**

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