2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

SSO ATLAMTC BOLLEVARD NEPTUNE BEACH, FL 32266 RETURNE BEACH, FL 32224 RETURNE BEACH, FL 32226 RETURNE BEACH, FL 32226 RETURNE BEACH, FL 32226	DOCUMENT # L05000115844 1. Entity Name PROCTOR INVESTMENT GROUP, LLC					03-20-2008	90181 046 ***138	3.75		
Suite, Apt. F, etc. Suite, Apt. F, etc. Suite Cry & State Left Number 20-3886090 Applied For Port & State Left Number 20-3886090 Red Applied For Port & State Port & Port	580 ATLANTIC BOULEVARD 580 ATLANTIC BOULEVAR			/ARD						
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	<u></u>						
ZP Country Zp Country Zp Country S. Certificate of Status Desired	Suite, Apt. #, etc. Suite, Apt. #, etc.			**	021420	008 Chg-LLC	CR2E083 (12/06)			
S. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name PROCTOR STEPHEN P Sol ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266 City FL Zp Code 8. The above named entry submits the 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 me obligations of registered agent. SIGNATURE FELLE MOWILL FEL 3 \$138.75 AFREY May 1, 2008 Fee will be \$538.75 AFREY MAY 1, 2008 Fee will be \$538	City & State		City & State				1 1			
Name	Zip	Country	Zip	Country						
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	2200			Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, liped or prince care of inguisered agent and title if explanable. FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$539.75 Make check psysble to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MRET ANDRESS OTH 51-7P NAVE MOREN PROCTOR, JACK F NAVE MOREN PROCTOR, JACK F NAVE MOREN PROCTOR, STEPHEN P STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, STEPHEN P NAVE STREET ANDRESS STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, STEPHEN P NAVE STREET ANDRESS STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, BETTY LEE MASK SONVILLE, FL 32224 TILE MGRM PROCTOR, JOSEPH F NAVE NAVE MASK MGRM PROCTOR, JOSEPH F NAVE STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, STEPHEN W STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, JOSEPH F NAVE MASK MGRM PROCTOR, BETTY LEE MGRM PROCTOR, JOSEPH F NAVE MASK MGRM PROCTOR, JOSEPH F NAVE STREET ANDRESS STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, BLIZABETH W STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, BLIZABETH W STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, BLIZABETH W STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, BLIZABETH W STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, BLIZABETH W STREET ANDRESS OTH 51-7P TILE MGRM PROCTOR, BLIZABETH W STREET ANDRESS	580 ATLANTIC BOULEVARD			Street A	Street Address (P.O. Box Number is Not Acceptable)					
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daie