

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115844

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: PROCTOR INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

580 ATLANTIC BOULEVARD  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

580 ATLANTIC BOULEVARD  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

FEI Number: 20-3886090      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROCTOR, STEPHEN P  
580 ATLANTIC BOULEVARD  
NEPTUNE BEACH, FL 32266      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: PROCTOR, JACK F  
Address: 4495 GOLDCREST LN  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM      ( ) Delete  
Name: PROCTOR, STEPHEN P  
Address: 2309 PINE ISLAND CRT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM      ( ) Delete  
Name: PROCTOR, BETTY LEE  
Address: 4495 GOLDCREST LN  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM      ( ) Delete  
Name: PROCTOR, JOSEPH F  
Address: 1344 PINWOOD RD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM      ( ) Delete  
Name: PROCTOR, ELIZABETH W  
Address: 1012 BUDDY CRT LN  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: MGRM      ( ) Delete  
Name: PROCTOR, DANIEL C  
Address: 580 ATLANTIC BLVD  
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH PROCTOR

MGRM

04/22/2009

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