
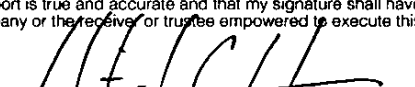


FILED
Jan 29, 2007 8:00 am
Secretary of State

60010014

DOCUMENT # L06000018702																											
1. Entity Name 34TH STREET INVESTMENT GROUP, LLC		01-29-2007 90144 005 ****50.00																									
Principal Place of Business 1009 MAITLAND CENTER COMMONS BLVD STE 210 MAITLAND, FL 32751		Mailing Address PO BOX 940605 MAITLAND, FL 32794-0605																									
2. Principal Place of Business - No P.O. Box # 505 Maitland Ave Suite, Apt. #, etc. Suite 1350 City & State Altamonte Springs FL Zip 32701 County USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
6. Name and Address of Current Registered Agent SHARP, DUDLEY Q JR 369 N NEW YORK AVENUE 3RD FL WINTER PARK, FL 32789		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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: 																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																											