

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033786

FILED
Apr 17, 2008
Secretary of State

Entity Name: NORTHEAST INVESTMENT GROUP, LLC

Current Principal Place of Business:

20 S. BROAD STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

20 S. BROAD STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 20-4604855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA & OFFSHORE BUSINESS FORMATION INC.
20 S. BROAD STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

FLORIDA BUSINESS FORMATION INC.
20 S. BROAD STREET
BROOKSVILLE, FL 34601 US

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: JOHN DUNBAR

04/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCOTMAN, ANTHONY
Address: 13133 S.W. 16TH STREET
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: SMALL, LENNY
Address: 13133 S.W. 16TH STREET
City-St-Zip: DAVIE, FL 33325

Title: MGR () Change (X) Addition
Name: GAYLE, TREVOR
Address: 13133 S.W. 16TH STREET
City-St-Zip: DAVIE, FL 33325

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: ANTHONY SCOTMAN

MGR

04/17/2008

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