2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043724

Name:

Address:

City-St-Zip:

TRAVIS, CHARLES T DR.

11152 OAK RIDGE DR. SO.

JACKSONVILLE, FL 32225 US

Entity Name: THE MOSAIC INVESTMENT GROUP, LLC

FILED Jul 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9000 REGENCY SQUARE BLVD LOGOS SUITE JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** 9000 REGENCY SQUARE BLVD LOGOS SUITE JACKSONVILLE, FL 32211 FEI Number: 20-4765686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRAVIS, CHARLES T DR. 11152 OAK RIDGE DR. SO JACKSONVILLE, FLORIDA, FL 32225 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CHILDERS, BRIAN Name: Name: Address: 102 OAKBROOK CT Address: City-St-Zip: BRANDON, MS 39047 US City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: DAVIS, CARL Name: Address: 2200 NORTH RODNEY PARHAM SUITE 110 Address: City-St-Zip: LITTLE ROCK, AR 72212 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition ROOKS, JAMES R DR. Name: Name: 1739 HOWARD ST Address: Address: City-St-Zip: JACKSON., MS 39202 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES TRAVIS MGR 07/11/2008