

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082036

FILED
May 08, 2007
Secretary of State

Entity Name: TORONTO INVESTMENT GROUP LLC

Current Principal Place of Business:

7507 KINGSPORTE PKWY
103
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7507 KINGSPORTE PKWY
103
ORLANDO, FL 32819

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

LALL, LESTER C
7507 KINGSPORTE PKWY
103
ORLANDO, FL 32819 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:

Title: MGRM () Delete
Name: LALL, LESTER C
Address: 7507 KINGSPORTE PKWY STE. 103
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: LALL, WENDY E
Address: 7507 KINGSPORTE PKWY STE. 103
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LALL, LESTER C
Address: 7507 KINGSPORTE PKWY STE. 103
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change () Addition
Name: LALL, TERRY C
Address: 7507 KINGSPORTE PKWY STE. 103
City-St-Zip: ORLANDO, FL 32819

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: LESTER C. LALL

P

05/08/2007

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