2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# L06000082036

Entity Name: TORONTO INVESTMENT GROUP LLC

Current Principal Place of Business:

7507 KINGSPOINTE PKWY
103
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7507 KINGSPOINTE PKWY
103
ORLANDO, FL 32819

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LALL, LESTER C
7507 KINGSPOINTE PKWY
103
ORLANDO, FL 32819 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: P ( ) Delete
Name: MC LEAN, DAVID M
Address: 7507 KINGSPOINTE PKWY STE. 103
City-St-Zip: ORLANDO, FL 32819

Title: V/P ( ) Delete
Name: LALL, LESTER C
Address: 7507 KINGSPOINTE PKWY STE. 103
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Delete
Name: LALL, TERRY C
Address: 7507 KINGSPOINTE PKWY STE 103
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

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

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

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: DAVID MC LEAN P 04/13/2008

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