

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90066 001 ****55.00

DOCUMENT # L06000095675

1. Entity Name

ONE ACCORD INVESTMENT GROUP, LLC



Principal Place of Business

151 SW 135 TERRACE, APT. T302
PEMBROKE PINES FL 33027

Mailing Address

151 SW 135 TERRACE, APT. T302
PEMBROKE PINES FL 33027



2. Principal Place of Business - No P.O. Box #

151 SW 135 TERRACE

Suite, Apt. #, etc.

SUITE T302

City & State

PEMBROKE PINES, FL

3. Mailing Address

P.O. Box 260606

Suite, Apt. #, etc.

PEMBROKE PINES

City & State

FLORIDA

2nd MOORE

CR2E083 (4/07)

4. FEI Number

02-0789079

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODEN, DOUGLAS
151 SW 135 TERRACE, APT. T302
PEMBROKE PINES FL 33027

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR - CHAIRMAN ☐ Delete
NAME GOODEN, DOUGLAS
STREET ADDRESS 151 SW 135 TERRACE, APT. T302
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE MGR - PRESIDENT ☐ Delete
NAME PERERA, HAL
STREET ADDRESS 6300 OLIVEWOOD CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE MGR - VICE - PRESIDENT ☐ Delete
NAME BELL, JEROME REV.DR.
STREET ADDRESS 13304 WATER FOWL WAY
CITY-ST-ZIP UPPER MARLBORO MD 20774

TITLE MGR - DIRECTOR ☐ Delete
NAME O'REGGIO, SANDRA
STREET ADDRESS 151 SW 135 TERRACE, APT. T302
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE DIRECTOR ☐ Change ☒ Addition
NAME WHYLIFFE CLARKE
STREET ADDRESS 1378 BROOKLYN AVE
CITY-ST-ZIP BROOKLYN N.Y. 11203

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Douglas Gooden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Aug 28, 2007
Date

Daytime Phone: #