

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90064 036 ***143.75

DOCUMENT # L07000019918
1. Entity Name
RESLAN INVESTMENT GROUP, LLC



Principal Place of Business Mailing Address
876 CHICKADEE DRIVE **876 CHICKADEE DRIVE**
PORT ORANGE FL 32127 **PORT ORANGE FL 32127**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
426 BAYBERRY LAKE BLVD **426 BAYBERRY LAKE BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAYTONA BEACH, FL **DAYTONA BEACH, FL**

Zip Country Zip Country
32124 **32124**

4. FEI Number Applied For
33-1154180 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

1st MOORE CR2E083 (10/07)



6. Name and Address of Current Registered Agent
TRUSSELL, RICHARD T
561 PEARL HARBOR DRIVE
DAYTONA BEACH FL 32114

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

143.75

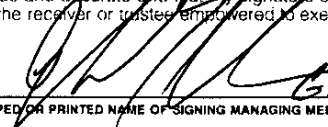
9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RESLAN, GHASSAN 876 CHICKADEE DRIVE PORT ORANGE FL 32127 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RESLAN, RANDA J 876 CHICKADEE DRIVE PORT ORANGE FL 32127 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **MANAGING MEMBER**
GHASSAN M. RESLAN **02/12/08** **386-852-2789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytona Phone #