

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043326

Entity Name: FIM INVESTMENT GROUP LLC.

FILED  
Jan 11, 2008  
Secretary of State

## Current Principal Place of Business:

1785 FIM BLVD  
FORT WALTON BEACH, FL 32547

## New Principal Place of Business:

184 BROOKS ST  
SUITE 1  
FORT WALTON BEACH, FL 32548

## Current Mailing Address:

P.O BOX 4051  
FORT WALTON BEACH, FL 32547

## 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:

WHITFIELD, MIKE  
1785 FIM BLVD  
FORT WALTON BEACH, FL 32547 US

## Name and Address of New Registered Agent:

WHITFIELD, MIKE  
184 BROOKS ST  
SUITE 1  
FORT WALTON BEACH, FL 32548 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: MICHEAL WHITFIELD

01/11/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WHITFIELD, JIM  
Address: 2402 MARINA DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR ( ) Delete  
Name: WHITFIELD, MIKE  
Address: 300 PLYMOUTH DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: WHITFIELD, MIKE  
Address: 211 CARMEL DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: MICHEAL WHITFIELD

MNGR

01/11/2008

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