



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000069274</b> 1. Entity Name <b>CARDI INVESTMENTS GROUP, LLC</b>						<b>FILED</b> <b>09 SEP 23 PM 10: 35</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>14616 SAGAMORE CT.</b> <b>FORT MYERS, FL 33908</b>				Mailing Address <b>14616 SAGAMORE CT.</b> <b>FORT MYERS, FL 33908</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>09032008</b> Chg-LLC    CR2E083 (12/06)			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input checked="" type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>  <b>QUIK GROUP CORP.</b> <b>18375 SW 264 ST.</b> <b>HOMESTEAD, FL 33031</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____							
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CARDI, CHRISTOPHER A</b> <b>14616 SAGAMORE CT</b> <b>FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100136307501</b> <b>09/24/08--01035--014 **143.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.							
<b>SIGNATURE:</b> <u>Christopher Cardi</u> <b>Christopher Cardi</b>				Date <b>9-4-08</b>		Daytime Phone # <b>(239) 265-8311</b>	