

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119498

FILED
Mar 07, 2009
Secretary of State

Entity Name: 8 FISHERMEN INVESTMENT GROUP, LLC

Current Principal Place of Business:

141 VIA CAPRI
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

141 VIA CAPRI
NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address:

141 VIA CAPRI
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

141 VIA CAPRI
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 26-1603717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HO, JAMES
10267 COVE LAKE DR
ORLANDO, FL 32836 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: MGRM () Delete
Name: NEW SMYRNA BEACH REA, L ESTATE CONSO R TIUM
Address: 141 VIA CAPRI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR () Delete
Name: HO, MICHAEL A
Address: 10267 COVE LAKE DR
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEW SMYRNA BEACH REA, L ESTATE CONSO R TIUM
Address: 141 VIA CAPRI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGR (X) Change () Addition
Name: HO, MICHAEL A
Address: 141 VIA CAPRI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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: MICHAEL HO

MGR

03/07/2009

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