

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027506

FILED
Apr 29, 2009
Secretary of State

Entity Name: MOODY INVESTMENT GROUP, LLC

Current Principal Place of Business:

4142 GRANDCHAMP CIRCLE
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4142 GRANDCHAMP CIR.
PALM HARBOR, FL 34685

New Mailing Address:

4142 GRANDCHAMP CIRCLE
PALM HARBOR, FL 34685

FEI Number: 26-4475374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, CHRISTOPHER N
4142 GRANDCHAMP CIRCLE
PALM HARBOR, FL 34685 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: MOODY, CHRISTOPHER N
Address: 4142 GRANDCHAMP CIRCLE
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM () Delete
Name: MOODY, RALPH F
Address: 3199 ROLLINGWOODS
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: MOODY, BRUCE R
Address: 10 DUTCH BRANDY RD.
City-St-Zip: STAFFORD, VA 22556

ADDITIONS/CHANGES:

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

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

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

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: CHRISTOPHER MOODY

MGRM

04/29/2009

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