

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000109312

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** LINEAGE INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

2400 CRANBROOK DRIVE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

2400 CRANBROOK DRIVE  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

**FEI Number:** 32-0360317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCILVAIN, DAVID D SR  
2400 CRANBROOK DRIVE  
BOYNTON BEACH, FL 33436 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  
**Name:** MCILVAIN, DAVID D JR  
**Address:** 3818 SURFWOOD DRIVE  
**City-St-Zip:** MALIBU, CA 90265

**Title:** MGR  
**Name:** MCILVAIN, WINIFRED  
**Address:** PO BOX 2061  
**City-St-Zip:** PALM BEACH, FL 33480

**Title:** MGR  
**Name:** MCILVAIN, DAVID  
**Address:** 3818 SURFWOOD DRIVE  
**City-St-Zip:** MALIBU, CA 92065

**Title:** MGR  
**Name:** POWELL, AMY  
**Address:** 5301 CEDARWOOD DRIVE  
**City-St-Zip:** RALEIGH, NC 27609

**Title:** MGR  
**Name:** GIVEL, ELLEN  
**Address:** 1696 WAWONA TERRACE NE  
**City-St-Zip:** ATLANTA, GA 30319

I hereby 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:** DAVID MCILVAIN SR

MGRM

04/10/2012

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