

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002624

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** BLUE CHIP INVESTMENT GROUP, L.C.

**Current Principal Place of Business:**

111 N. ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801

**New Principal Place of Business:**

1015 MAITLAND CENTER COMMONS BLVD., #110  
MAITLAND, FL 32751

**Current Mailing Address:**

111 N. ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801

**New Mailing Address:**

1015 MAITLAND CENTER COMMONS BLVD., #110  
MAITLAND, FL 32751

**FEI Number:** 59-3190269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAMS, MAURICE  
111 N. ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801 US

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

SHAMS, MAURICE  
1015 MAITLAND CENTER COMMONS BLVD., #110  
MAITLAND, FL 32751 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:**

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHAMS, MAURICE  
Address: 111 N. ORANGE AVENUE, SUITE 1200  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHAMS, MAURICE  
Address: 1015 MAITLAND CENTER COMMONS BLVD., #110  
City-St-Zip: MAITLAND, FL 32751

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:** MAURICE SHAMS

MGR

04/29/2008

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