

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003014

FILED
Feb 02, 2006
Secretary of State

Entity Name: D, M & G INVESTMENT GROUP, L.L.C.

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE, SUITE 550
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DRIVE, SUITE 550
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0878711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILGRAM, MARC
5201 BLUE LAGOON DRIVE, SUITE 550
MIAMI, FL 33126 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: MILGRAM, MARC
Address: 5201 BLUE LAGOON DRIVE, SUITE 550
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: DUPELL, J.R.
Address: 14502 NORTH DALE MABRY, SUITE 200
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: 144 LIMITED PARTNERS, HIP
Address: 5201 BLUE LAGOON DRIVE, SUITE 550
City-St-Zip: MIAMI, FL 33126

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 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: MARC MILGRAM

MGRM

02/02/2006

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