

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000004636 1. Entity Name PHOENIX INVESTMENT GROUP, LLC	
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Principal Place of Business 1020 BARBER CREEK DRIVE #202 WATKINSVILLE, GA 30677	Mailing Address 1020 BARBER CREEK DRIVE #202 WATKINSVILLE, GA 30677
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04272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2515923	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BROUN, CONWAY 2600 TURNBALL ESTATES DRIVE NEW SMYRNA BEACH, FL 32168
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

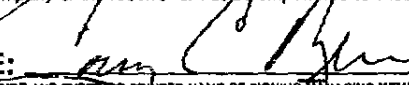
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROUN, CONWAY C 1020 BARBER CREEK DRIVE #202 WATKINSVILLE, GA 30677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROUN, KAREN D 1020 BARBER CREEK DRIVE #202 WATKINSVILLE, GA 30677
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U000000548393 05/12/06-80059-024 55.00 DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	4/26/06 Date	706 227 8927 Daytime Phone #
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