2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000298

1. Entity Name

INVESTMENT CONCEPTS GROUP, L.L.C.

-



FILED Apr 16, 2008 08:00 A Secretary of State

Principal Place of Business

1605 SUWANNEE DRIVE WAYCROSS, GA 31501

Mailing Address

1605 SUWANNEE DRIVE WAYCROSS, GA 31501



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 58-2444757

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANCH, BEVERLY S 1521 NE 8TH AVENUE OCALA, FL 34470

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8. 7	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.

Signature, typed or printed name of registered agent and tifle if applicable

NOTE: Registered Agent argnature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000900638 04/29/08~80038~008 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CANNON, RAY
STREET ADDRESS	1605 SUWANNEE DRIVE
CITY-ST-ZIP	WAYCROSS, GA 31501
TITLE	MGRM
NAME	BRINSON, JULIAN
STREET ADDRESS	105 ROCK SPRINGS RD
CITY-ST-ZIP	FAIRVIEW, NC 28730
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	-
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
'NAME	
STREET ADDRESS	
ı CITY-ST-ZIP	
. 11. Lhereby	certify that the information supplied with this filing does not qualify for the ex-

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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 eath; 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

Hay Carra

RAY CANNON

4/14/0

912-283-7910

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone 4