

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035821

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: SOW INVESTMENT GROUP, LLC

## Current Principal Place of Business:

P. O. BOX 10883  
JACKSONVILLE, FL 32247

## New Principal Place of Business:

9951 ATLANTIC BLVD  
314  
JACKSONVILLE, FL 32225

## Current Mailing Address:

P. O. BOX 10883  
JACKSONVILLE, FL 32247

## New Mailing Address:

9951 ATLANTIC BLVD  
314  
JACKSONVILLE, FL 32225

FEI Number: 20-0256918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACCOUNTING & BUSINESS SOLUTIONS, INC.  
9951 ATLANTIC BLVD.  
SUITE 418  
JACKSONVILLE, FL 32225 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/MEMBERS:

Title: MGR ( ) Delete  
Name: CHRISTIAN, MELVIN  
Address: 2401 RIVERSIDE DRIVE #313  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR ( ) Delete  
Name: CHRISTIAN, TAMISHA  
Address: 2401 RIVERSIDE DRIVE #313  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR ( ) Delete  
Name: TOOLEY, JUANTEZ A  
Address: P. O. BOX 27123  
City-St-Zip: JACKSONVILLE, FL

Title: MGR ( ) Delete  
Name: HART, JASON A  
Address: 8601 BEACH BLVD. #309  
City-St-Zip: JACKSONVILLE, FL

Title: MGR ( ) Delete  
Name: HART, LINA E  
Address: 8601 BEACH BLVD. #309  
City-St-Zip: JACKSONVILLE, FL

Title: MGR ( ) Delete  
Name: GRIFFITH, THOMAS  
Address: 1630 RIBAUT SCENIC DRIVE  
City-St-Zip: JACKSONVILLE, FL

## 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:

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 Section 119.07(3)(i), 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: MIQUELLE CHRISTIAN

MNG

04/30/2004

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