

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035821

FILED
May 02, 2005
Secretary of State

Entity Name: SOW INVESTMENT GROUP, LLC

Current Principal Place of Business:

9951 ATLANTIC BLVD
314
JACKSONVILLE, FL 32225

New Principal Place of Business:

9951 ATLANTIC BLVD
418
JACKSONVILLE, FL 32225

Current Mailing Address:

9951 ATLANTIC BLVD
314
JACKSONVILLE, FL 32225

New Mailing Address:

9951 ATLANTIC BLVD
418
JACKSONVILLE, FL 32225

FEI Number: 20-0256918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

DAVID, LOUIS CPA
12627 SAN JOSE
306
JACKSONVILLE, FL 32223 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: MIQUELLE CHRISTIAN

05/02/2005

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
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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

MNGR

05/02/2005

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