

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
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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

MNG

04/30/2004

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