

# 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  
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

MNGR

05/02/2005

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