## **2005 LIMITED LIABILITY COMPANY** ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

## **FILED** Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # L03000043566 1. Entity Name SAVANNAH INVESTMENTS, LLC Mailing Address Principal Place of Business P.O. BOX 2393 P.O. BOX 2393 STUART, FL 34995 US STUART, FL 34995 01102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0377152 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE AYDELOTTE, ALEX 729 COLORADO AVENUE STUART, FL 34994 IN THIS SPACE 8. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE AYDELOTTE, ALEX NAME STREET ADDRESS P.O. BOX 2393 19000030881 CITY-ST-21P STUART, FL 34995 04/16/05-80014-023 55.ON MGR TITLE AYDELOTTE, WITHOMAS NAME P.O. BOX 2393 STREET ADDRESS STUART, FL 34995 CITY-ST-ZIP TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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.

OR AUTHORIZED REPRESENTATIVE

Daytime Phone #