

## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L03000043566**

SAVANNAH INVESTMENTS, LLC



**FILED** Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

P.O. BOX 2393 STUART, FL 34995 US Mailing Address

P.O. BOX 2393

STUART, FL 34995 US

## DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0377152 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AYDELOTTE, ALEX 729 COLORADO AVENUE STUART, FL 34994

## DO NOT WRITE IN THIS SPACE

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|--|--|--|
|  | named entity submits this statement for the purpose of changing its registere one of registered agent. | d office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, type demonstrating meloting stollad gratianal tribit approadio. (NCTE, Nog tiknot Agrati signature required when remotitaling) DATE |  |  |
| Fi<br>D  | ling Fee is \$50.00<br>ue by May 1, 2006   |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |  |
| TRILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>AYDELOTTE, ALEX<br>P.O. BOX 2393<br>STUART, FL 34995   | U00000520340<br>05/02/06-80092-002 50.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | MGR AYDELOTTE, W THOMAS P.O. BOX 2393 STUART, FL 34995   |  |
| TITLE KAME STREET ADDRESS CITY ST ZIP  |  | DO NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |  | IN THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   |  |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF INING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE