

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043566

**FILED**  
**Mar 09, 2009**  
**Secretary of State**

**Entity Name:** SAVANNAH INVESTMENTS, LLC

**Current Principal Place of Business:**

309 SE OSCEOLA ST  
STUART, FL 34994 US

**New Principal Place of Business:**

309 SE OSCEOLA ST  
105  
STUART, FL 34994 US

**Current Mailing Address:**

PO BOX 2393  
STUART, FL 34994

**New Mailing Address:**

PO BOX 2393  
STUART, FL 34995

**FEI Number:** 20-0377152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AYDELOTTE, ALEX  
729 COLORADO AVENUE  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

AYDELOTTE, ALEX  
309 SE OSCEOLA ST  
105  
STUART, FL 34994 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:**

03/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AYDELOTTE, ALEX  
Address: P.O. BOX 2393  
City-St-Zip: STUART, FL 34995 US

Title: MGR ( ) Delete  
Name: AYDELOTTE, W THOMAS  
Address: P.O. BOX 2393  
City-St-Zip: STUART, FL 34995 US

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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:** W THOMAS AYDELOTTE

MGR

03/09/2009

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