
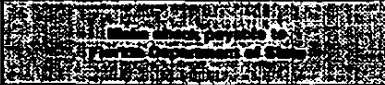


FILED
Mar 18, 2005 8:00 am
Secretary of State

02-14-2005 90177 045 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000034332			
1. Entity Name GENEVA INVESTOR SOLUTIONS, LLC			
Principal Place of Business P.O. BOX 390 MELROSE, FL 32666 US		Mailing Address P.O. BOX 390 MELROSE, FL 32666 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 42-1629124		Applied For Not Applicable	
5. Certificate of Status Checked - <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GENEVA FINANCIAL, P.A. P.O. BOX 390 MELROSE, FL 32666		7. Name and Address of New Registered Agent Name: GENEVA FINANCIAL, P.A. Street Address (P.O. Box Number is Not Acceptable): 106 LAKEVIEW TRAIL City: MELROSE FL Zip Code: 32666	
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: <u><i>Ernest TOWN, PRESIDENT</i></u> Date: <u>3/15/05</u> <small>Signature, name or printed name of registered agent and date of application. (P.O.R.: Registered Agent agreement required when registering.)</small>			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASE, STEVEN L 3635 BONANZA DRIVE MACON, GA 31216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVEN L CASE 3017 LIBERTY CHURCH RD. MACON, GA 31216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. SIGNATURE: <u><i>S.L.C., MANAGER</i></u> Date: <u>2/10/05 (478) 714-5237</u>			

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