## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jul 18, 2005 8:00 am Secretary of State

DOCUMENT # L0400044015  1. Entity Name SOUTH TRUST INVESTMENTS, LLC					07-18-2005 90110 029 ****50.00			
PO BOX 1946 P		Mailing Address PO BOX 1946 ORMOND BEACH, FL 32175-1945			<b>4006447</b> 2			
2. Principal P	lace of Business	3. Mailing Address	<del></del>					
Principal Place of Business     Suite, Apt. #, etc.		Suite, Apt. #, etc.			i Meris Aimit Balli Baffi Balli			
<u> </u>				07152005	Chg-LLC	CR2E083 (10/03)	_ <del></del>	
City & State		City & State		4. FEI Numb	491532	<del>[</del>	oplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	\$5.00 Add		
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New R	<del>-</del>		
QUINT, RI	CHARD		Name					
863 PINE	FOREST TRL W ANGE, FL 32127		Street Addre	ess (P.O. Box Numb	er is Not Acceptable	)		
PORTOR	ANGE, FL 32121			_ <del></del>				
1			City			FL Zip Cod	e	
the obligat	named entity submits this statement for tons of rigistered agent	the purpose of changing its re	egistered office or reg	gistered agent, or bo	ith, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature re-	equired when reinstating)		DATE		
Fil	Signature, typed or printed name of registered eigent and the state of	od title if applicable. (NOTE: F	Registered Agent signature rec	equired when reinstating)		e check payable to Department of State	e	
Fil Due I	ling Fee is \$50.00 by September 7, 2005 MANAGING MEMBER	IS/MANAGERS	10.	squired when reinstating)		Department of State		
Fii Due I	ing Fee is \$50.00 by September 7, 2005 MANAGING MEMBER			squired when reinstating)	Florida	Department of Stat	<b>e</b> ☐ Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM QUINT, RICHARD PO BOX 1946	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	squired when reinstating)	Florida	Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ing Fee is \$50.00 by September 7, 2005 MANAGING MEMBER MGRM QUINT, RICHARD	S/MANAGERS  Delete	10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	squired when reinstating)	Florida	CHANGES  Change	C Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM QUINT, RICHARD PO BOX 1946	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	equired when reinstating)	Florida	Department of State		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.

STREET ADDRESS CITY+ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

ATIVE

386-760-9616

Daytime Phone