

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050035

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: S & S FAMILY INVESTMENTS LLC

**Current Principal Place of Business:**

6300 POWERS FERRY ROAD  
600-330  
ATLANTA, GA 30339

**New Principal Place of Business:**

**Current Mailing Address:**

6300 POWERS FERRY ROAD  
600-330  
ATLANTA, GA 30339

**New Mailing Address:**

FEI Number: 20-1395984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRESCOTT, DRUCKER & SCHOEN, PL  
2605 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORGAN WARE-SOUMAH R, EVOCABLE TRUST  
Address: 6300 POWERS FERRY ROAD, STE 600-330  
City-St-Zip: ATLANTA, GA 30339

Title: MGRM ( ) Delete  
Name: HAROUNA SOUMAH REVOC, ABLE TRUST  
Address: 6300 POWERS FERRY ROAD, STE 600-330  
City-St-Zip: ATLANTA, GA 30339

**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: MORGAN WARE SOUMAH

MGRM

01/31/2008

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