

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037738

FILED
Aug 20, 2008
Secretary of State

Entity Name: FLORIDA-GEORGIA INVESTMENT ADVISORS, LLC

Current Principal Place of Business:

908 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

403 NORTH DAWSON STREET
THOMASVILLE, GA 31792 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRED, CONRAD J
908 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIDSON, DALE S
Address: 403 NORTH DAWSON STREET
City-St-Zip: THOMASVILLE, GA 31792 US

Title: MGRM () Delete
Name: DAVIDSON, KATHERINE B
Address: 1510 MILLPOND ROAD
City-St-Zip: THOMASVILLE, GA 31792

Title: MGRM () Delete
Name: OGELTREE, DERRICK
Address: 15 HAWKS CREST
City-St-Zip: THOMASVILLE, GA 31792

Title: MGRM () Delete
Name: OGELTREE, JAN
Address: 15 HAWKS CREST
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHERINE B. DAVIDSON

MGRM

08/20/2008

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