


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-04-2006 90021 018 ****50.00

DOCUMENT # L05000068890

1. Entity Name
SERVANT INVESTMENTS FUND (FLAT ROCK-BALLANTYNE), LLC



Principal Place of Business Mailing Address
201 EAST PINE STREET, SUITE 500 **201 EAST PINE STREET, SUITE 500**
ORLANDO, FL 32801 **ORLANDO, FL 32801**

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3160403	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR., ESQ
C/O GREENSPOON, MARDER, ET AL
201 EAST PINE STREET, SUITE 500
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reselecting) _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SERVANT INVESTMENTS, LLC 201 EAST PINE STREET, SUITE 500 ORLANDO, FL 32801 <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
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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 exemptions contained in Chapter 119, 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:  **N. DWAYNE GRAY, JR.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date: **4/28/06** 407-425-6559 Daytime Phone #