2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L07000021919

Entity Name: ANTIOCH INVESTMENTS MANAGEMENT, LLC

Current Principal Place of Business:

422 N. MAIN STREET
CRESTVIEW, FL 32536 FL

New Principal Place of Business:

Current Mailing Address:

422 N. MAIN STREET
CRESTVIEW, FL 32536 FL

New Mailing Address:

FEI Number: 20-8619611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, AVA S
422 N. MAIN STREET
CRESTVIEW, FL 32536 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:	MGR	( ) Delete
Name:	POWELL, GILLIS E SR	
Address:	441 W MIRACLE STRIP PKWY	
City-St-Zip:	MARY ESTHER, FL 32569	
Title:	VPS	( ) Delete
Name:	POWELL, GILLIS E JR	
Address:	175 RIDE LAKE ROAD	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	VPT	( ) Delete
Name:	POWELL, DIXIE D	
Address:	2033 W JAMES LAKE BLVD	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	P	( ) Delete
Name:	POWELL, AVA S	
Address:	491 W MIRACLE STRIP PKWY	
City-St-Zip:	MARY ESTHER, FL 32569	

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: AVA S. POWELL P 04/27/2009

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