

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023156

FILED
May 12, 2009
Secretary of State

Entity Name: RESOURCE INVESTMENTS, LLC

Current Principal Place of Business:

2690 CUMBLERLAND PARKWAY, STE. 460
ATLANTA, GA 30339

New Principal Place of Business:

2690 CUMBERLAND PARKWAY, STE. 460
ATLANTA, GA 30339

Current Mailing Address:

2690 CUMBLERLAND PARKWAY, STE. 460
ATLANTA, GA 30339

New Mailing Address:

2690 CUMBERLAND PARKWAY, STE. 460
ATLANTA, GA 30339

FEI Number: 26-2201996 FEI Number Applied For () FEI Number Not Applicable () 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:

FOWLER WHITE BOGGS BANKER P.A.
50 NORTH LAURA STREET, STE. 2200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

FOWLER WHITE BOGGS P.A.
50 NORTH LAURA STREET, STE. 2800
JACKSONVILLE, FL 32202 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: J. PHILLIP GIBBS

05/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: STRIBLING V, WILLIAM L
Address: 2690 CUMBERLAND PARKWAY, STE. 460
City-St-Zip: ATLANTA, GA 30339

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: WILLIAM LAWRENCE STRIBLING V

MGRM

05/12/2009

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