

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90139 004 ****50.00

DOCUMENT # L96000000791

1. Entity Name
REGIONAL INVESTMENT GROUP LLC

Principal Place of Business Mailing Address
56 RAINBOW DR **PO BOX 5805**
CRAWFORDVILLE FL 32327 **TALLAHASSEE FL 32314**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3400076**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALSH, ROBERT H
742 WEST MADISON STREET
TALLAHASSEE FL 32304

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM WALSH, ROBERT H 742 WEST MADISON STREET TALLAHASSEE FL 32304 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM WALSH, MARY F 742 WEST MADISON STREET TALLAHASSEE FL 32304 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM PELT, ROBERT M SR. 742 WEST MADISON STREET TALLAHASSEE FL 32304 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM PELT, MAUREEN M 742 WEST MADISON STREET TALLAHASSEE FL 32304 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM PELT, ROBERT M JR. 742 WEST MADISON STREET TALLAHASSEE FL 32304 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM PELT, JENNIFER L 742 WEST MADISON STREET TALLAHASSEE FL 32304 | <input checked="" type="checkbox"/> Delete |

| | | |
|------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM Paul Fogt 74 Southside Dr. Crawfordville FL 32327 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM Melissa Fogt 74 Southside Dr. Crawfordville FL 32327 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM Ted C. Gerrell 653 River Plantation Rd Crawfordville FL 32327 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM Dianne R. Gerrell 653 River Plantation Rd Crawfordville FL 32327 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary Walsh* **MARY Walsh** 8/16/02 850/681-3148
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)