

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000791

FILED
Jan 08, 2004
Secretary of State

Entity Name: REGIONAL INVESTMENT GROUP LLC

Current Principal Place of Business:

56 RAINBOW DR
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

PO BOX 5805
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-3400076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, ROBERT H
742 WEST MADISON STREET
TALLAHASSEE, FL 32304 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/MEMBERS:

Title: MGRM () Delete
Name: WALSH, ROBERT H
Address: 742 WEST MADISON STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: WALSH, MARY F
Address: 742 WEST MADISON STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: FOGT, PAUL
Address: 74 SOUTHSIDE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: FOGT, MELISSA
Address: 74 SOUTHSIDE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: GERRELL, TED C
Address: 653 RIVER PLANTATION RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: GERRELL, DIANNE R
Address: 653 RIVER PLANTATION RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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
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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 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 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: ROBERT H. WALSH

MNGR

01/08/2004

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