


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**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**



01302006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**59-3400076**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**WALSH, ROBERT H**  
**742 WEST MADISON STREET**  
**TALLAHASSEE, FL 32304**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and one if applicable      (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, ROBERT H 742 WEST MADISON STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, MARY F 742 WEST MADISON STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOGT, PAUL 74 SOUTHSIDE DR CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOGT, MELISSA 74 SOUTHSIDE DR CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERRELL, TED C 653 RIVER PLANTATION RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERRELL, DIANNE R 853 RIVER PLANTATION RD CRAWFORDVILLE, FL 32327

1100000423234  
 02/17/06-80048-022 50.00

**DO NOT WRITE IN THIS SPACE**

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 Mary Walsh Outner      2/3/06      8506813148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #