

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000791

FILED
Apr 02, 2010
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/MANAGERS:

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

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

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

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

Title: MGRM
Name: GERRELL, TED C
Address: 650 RIVER PLANTATION RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM
Name: GERRELL, DIANNE R
Address: 650 RIVER PLANTATION RD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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

MGRM

04/02/2010

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