

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90057 048 \*\*\*\*50.00

DOCUMENT # L96000000791

1. Entity Name

REGIONAL INVESTMENT GROUP LLC



Principal Place of Business

56 RAINBOW DR  
CRAWFORDVILLE FL 32327

Mailing Address

PO BOX 5805  
TALLAHASSEE FL 32314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3400076**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WALSH, ROBERT H  
742 WEST MADISON STREET  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, ROBERT H 742 WEST MADISON STREET TALLAHASSEE FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, MARY F 742 WEST MADISON STREET TALLAHASSEE FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOGT, PAUL 74 SOUTHSIDE DR CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOGT, MELISSA 74 SOUTHSIDE DR CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERRELL, TED C 653 RIVER PLANTATION RD CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERRELL, DIANNE R 653 RIVER PLANTATION RD CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (10/02)

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: *Maay Walsh* **REQUIRED**

Date: *2/11/03* 850  
Daytime Phone #: *681-3148*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #