

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001687

FILED
Jul 30, 2009
Secretary of State

Entity Name: GRASSROOTS INVESTMENT GROUP LLC

Current Principal Place of Business:

3216 NEKOMA LANE
TALLAHASSEE, FL 32304

New Principal Place of Business:

4369 BIG PINE DRIVE
TALLAHASSEE, FL 32304

Current Mailing Address:

P.O. BOX 7636
TALLAHASSEE, FL 32314

New Mailing Address:

PO BOX 15623
AUGUSTA, GA 31909

FEI Number: 59-3565008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, JOHNNITA
1535 COLEMAN STREET
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

HOLDEN, WENDELL
4369 BIG PINE DRIVE
TALLAHASSEE, FL 32310 US

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: WENDELL HOLDEN

07/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TATEM, PHILLIPE
Address: P.O. BOX 7636
City-St-Zip: TALLAHASSEE, FL 32314

Title: MGRM () Delete
Name: SMITH, HARVEY
Address: P.O. BOX 7636
City-St-Zip: TALLAHASSEE, FL 32314

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REESE, ROSALYN
Address: PO BOX 15623
City-St-Zip: AUGUSTA, GA 31909

Title: MGRM (X) Change () Addition
Name: SMITH, HARVEY
Address: 4369 BIG PINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HARVEY SMITH

MGRM

07/30/2009

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