

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002513

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** REGIONS HOLDINGS, LLC

**Current Principal Place of Business:**

C/O ATC TRUSTEES (CAYMAN), POB 30592  
SMB CAYSIDE, 2ND FL, HARBOUR DR, CAYMAN IS.  
WEST INDIES, XX

**New Principal Place of Business:**

C/O ATC TRUSTEES (CAYMAN)  
3RD FLOOR, LANDMARK SQUARE, 64 EARTH CLOSE  
GRAND CAYMAN KY1-1203, XX CAYMAN IS KY

**Current Mailing Address:**

C/O ATC TRUSTEES (CAYMAN), POB 30592  
SMB CAYSIDE, 2ND FL, HARBOUR DR, CAYMAN IS.  
WEST INDIES, XX

**New Mailing Address:**

C/O ATC TRUSTEES (CAYMAN), POB 30592  
3RD FLOOR, LANDMARK SQUARE, 64 EARTH CLOSE  
GRAND CAYMAN KY1-1203, XX CAYMAN IS XX

FEI Number: 98-0641922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: ATC TRUSTEES (CAYMAN) LIMITED  
Address: 3RD FLOOR, LANDMARK SQUARE, 64 EARTH CLOSE  
City-St-Zip: POB 30592 CAYMAN KY1-1203, XX CAYMAN IS XX

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: SIMON DODKINS & BEN BOOKER

MR.

01/20/2010

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