2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A11130

1. Entity Name
SOUTHERN DEVELOPMENT CO. OF MILTON, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 24 AM 9:13

Principal Place of Business	Mailing Address
900 S. PERRY ST., SUITE A MONTGOMERY, AL 36104	900 S. PERRY ST., SUITE A MONTGOMERY, AL 36104

01162006 Chg-LP CR2E003 (11/05)

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 43-1368624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
502 EAST PARK AVENUE
TALLAHASSEE, FL

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

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	02/06/06 --01015--007 **508.75
NAME	GODIN, R J JR.	CITY-ST-ZIP	
STREET ADDRESS	900 S. PERRY ST., STE A		
CITY-ST-ZIP	MONTGOMERY, AL 36104		
DOCUMENT #		STREET ADDRESS	
NAME	BOWMAN, JOHN S	CITY-ST-ZIP	
STREET ADDRESS	2 DEXTER AVENUE		
CITY-ST-ZIP	MONTGOMERY, AL 36104		
DOCUMENT #		STREET ADDRESS	200065195222
NAME		CITY-ST-ZIP	02/06/06--01015--007 **508.75
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: R J Godin Jr R.J. Godin Jr 1-16-06 (334)264-3346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #