


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L00000009448</b> 1. Entity Name SOUTHERN STRATEGY GROUP ASSETS, L.L.C.						<b>FILED</b> 04 JAN 21 AM 8:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 120 S. MONROE ST. TALLAHASSEE, FL 32301				Mailing Address 120 S. MONROE ST. TALLAHASSEE, FL 32301			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3662529				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> RANCOURT, DAVID A 400 N. MERIDIAN STREET TALLAHASSEE, FL 32301-1254				<b>7. Name and Address of New Registered Agent</b> Name <u>David A. Rancourt</u> Street Address (P.O. Box Number is Not Acceptable) <u>120 S. Monroe St.</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32301</u>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADSHAW, PAUL R P.O. BOX 10570 TALLAHASSEE, FL 32302			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANCOURT, DAVID A P.O. BOX 10570 TALLAHASSEE, FL 32302			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500027370345 01/21/04--01002--005 **\$50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THRASHER, JOHN E P.O. BOX 10570 TALLAHASSEE, FL 32302			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <u>David A. Rancourt</u>				Date <u>1/5/04</u> Daytime Phone # <u>(850) 671-4401</u>			