

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90066 022 ****50.00

DOCUMENT # L02000032087

1. Entity Name



SOUTHERN CAPITAL HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2241 2ND AVENUE SOUTH		3. Mailing Address 2241 2ND AVENUE SOUTH	
Suite, Apt. #, etc. ST. PETERSBURG, FLORIDA		Suite, Apt. #, etc. ST. PETERSBURG, FLORIDA	
City & State 33712 USA		City & State 33712 USA	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOEL ATKINSON	
Street Address (P.O. Box Number is Not Acceptable) 2241 2ND AVENUE SOUTH	
ST. PETERSBURG, FL 33712	
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 MANAGING MEMBER 2/12/03
Signature, typed or printed name of registered agent and title, if applicable DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JOEL ATKINSON 2241 2ND AVENUE SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER KEVIN BURKE 2241 2ND AVENUE SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER TOM BURKE 2241 2ND AVENUE SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: JOEL ATKINSON 2/12/03 (727) 328-7976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)