

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90532 002 ****55.00

DOCUMENT # L04000004236

1. Entity Name
SOUTHERN HOME WATCH SERVICES LLC



Principal Place of Business
10410 S OCEAN DRIVE
#506
JENSEN BEACH, FL 34957 US

Mailing Address
10410 S OCEAN DRIVE
#506
JENSEN BEACH, FL 34957 US


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 6175
 Suite, Apt. #, etc.

City & State
JENSEN BEACH FL

Zip Country
34957 ST LUCIE

2600000



01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-2496169 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
TREVETHAN, CHRISTINE H
10410 S OCEAN DRIVE
#506
JENSEN BEACH, FL 34957

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TREVETHAN, CHRISTINE H 10410 S OCEAN DRIVE #506 JENSEN BEACH, FL 34957 <input checked="" 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	MGR TREVETHAN, BERNARD L 10410 S OCEAN DR #506 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Bernard L. Trevethan Date: March 15, 2005 772 229-8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #