

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000061669

1. Entity Name  
SOUTHERN GROUP INVESTMENTS, LLC



Principal Place of Business  
800 NE 195 STREET  
611  
NORTH MIAMI BEACH, FL 33179

Mailing Address  
800 NE 195 STREET  
611  
NORTH MIAMI BEACH, FL 33179

**FILED**  
05 MAR 10 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005 Chg-LLC CR2E083 (10/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ALBERTO M  
800 NE 195 STREET  
611  
NORTH MIAMI BEACH, FL 33179

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

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

(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  
MGRM  
RIGOTTI, MARIA A  
671 NE 195 STREET, NO. 125  
NORTH MIAMI BEACH, FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
FRANSEZZE, PABLO B  
671 NE 195 STREET, NO. 125  
NORTH MIAMI BEACH, FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
FRANSEZZE, ALBERTO M  
800 NE 195 STREET, NO. 611  
NORTH MIAMI BEACH, FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
100048449231  
03/15/05--01072--005 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
☐ Delete

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☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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.

**SIGNATURE:** *Alberto M. Fransezze*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #