

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90140 013 ****50.00

DOCUMENT # L04000079510		
1. Entity Name SOUTHERN INVESTMENTS, LLC		

Principal Place of Business S42W31330 HWY 83 GENESSEE DEPOT, WI 53127	Mailing Address S42W31330 HWY 83 GENESSEE DEPOT, WI 53127
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P. O. Box 250
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Genessee Depot, WI
Zip	Zip 53127-0250
Country	Country USA

60009864



01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2032761	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WAGNER, GARY 3300 HIGHLANDS BRIDGE SARASOTA, FL 34235	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR WAGNER, GARY G S42 W31330 HWY 83 GENESEE DEPOT, WI 53127 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR WAGNER, MICHAEL J S83 W31330 HWY 83 GENESEE DEPOT, WI 53127 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. 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 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: Michael J. Wagner

1-23-07 262-968-4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #