

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082867

FILED
Apr 29, 2007
Secretary of State

Entity Name: SOUTHERN ECLECTIC, LLC

Current Principal Place of Business:

4140 FERN CT
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

4140 FERN CT
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HALL, SAMUEL
Address: 4140 FERN CT
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: HALL, DIANA
Address: 4140 FERN CT
City-St-Zip: PENSACOLA, FL 32503

Title: T () Delete
Name: HALL, DIANA
Address: 4140 FERN CT
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: HALL, SAMUEL T
Address: 4140 FERN CT
City-St-Zip: PENSACOLA, FL 32503

Title: S (X) Change () Addition
Name: HALL, DIANA P
Address: 4140 FERN CT
City-St-Zip: PENSACOLA, FL 32503

Title: T (X) Change () Addition
Name: HALL, DIANA P
Address: 4140 FERN CT
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANA P HALL

S

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date