

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90039 013 \*\*\*\*50.00

|                                                          |                                                                                   |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000085565</b>                           |  |
| <b>1. Entity Name</b><br>SOUTHERN CROSS INVESTMENTS, LLC |                                                                                   |

|                                                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>4350 WILL ROGERS PARKWAY<br>SUITE 350<br>OKLAHOMA CITY, OK 73108 US | <b>Mailing Address</b><br>4350 WILL ROGERS PARKWAY<br>SUITE 350<br>OKLAHOMA CITY, OK 73108 US |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |

|                         |                         |
|-------------------------|-------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> |
| Zip Country             | Zip Country             |



01092006 Chg-LLC CR2E083 (11/05)

|                                                                                                        |                                                                                 |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>4. FEI Number</b>                                                                                   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                                                 |
| <b>6. Name and Address of Current Registered Agent</b>                                                 | <b>7. Name and Address of New Registered Agent</b>                              |
| BAKER, JAMES<br>51 SAWYER DRIVE<br>CUDJOE KEY, FL 33042                                                | Name                                                                            |
|                                                                                                        | Street Address (P.O. Box Number is Not Acceptable)                              |
|                                                                                                        | City                                                                            |
|                                                                                                        | FL Zip Code                                                                     |

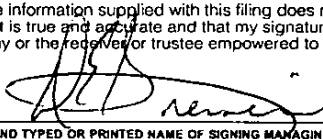
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                     |                                                                    |
|-----------------------------------------------------|--------------------------------------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>#1001 Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|--------------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                            | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GREINER, DAVID E<br>4350 WILL ROGERS PARKWAY, SUITE 350<br>OKLAHOMA CITY, OK 73108 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:**  **1-9-06 405-640-0333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #