

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000043997

**FILED**  
**May 29, 2009**  
**Secretary of State****Entity Name:** SOUTHERN TRUST, LLC**Current Principal Place of Business:**3777 NE 163 STREET  
102  
NORTH MIAMI BEACH, FL 33160 US**Current Mailing Address:**3777 NE 163 STREET  
102  
NORTH MIAMI BEACH, FL 33160 US**New Principal Place of Business:**20533 BISCAYNE BLVD  
STE N-226  
AVENTURA, FL 33180 US**New Mailing Address:**20533 BISCAYNE BLVD  
STE N-226  
AVENTURA, FL 33180 US**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MACKENZIE, MONICA  
3777 NE 163 STREET  
102  
NORTH MIAMI BEACH, FL 33160 US**Name and Address of New Registered Agent:**MACKENZIE, MONICA  
20533 BISCAYNE BLVD  
STE N-226  
AVENTURA, FL 33180 US

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: MONICA MACKENZIE

05/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: EASTERN SHORES, LLC  
Address: 3777 NE 163 STREET # 102  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 USTitle: MGR (X) Delete  
Name: MACKENZIE, MONICA  
Address: 3777 NE 163 STREET # 102  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US**ADDITIONS/CHANGES:**Title: MGR (X) Change ( ) Addition  
Name: MACKENZIE, MONICA  
Address: 20533 BISCAYNE BLVD STE N-226  
City-St-Zip: AVENTURA, FL 33180 USTitle: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MONICA MACKENZIE

MGR

05/29/2009

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