

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90328 002 \*\*\*\*50.00

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DOCUMENT # L06000093063					
1. Entity Name SOUTHSIDE CONNECTOR, L.L.C.					
Principal Place of Business 7880 GATE PARKWAY, SUITE 300 JACKSONVILLE, FL 32256			Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256			Name <i>Mike Ashourian</i>		
			Street Address (P.O. Box Number is Not Acceptable) 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256		
			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 <i>Mike Ashourian</i> MIKE ASHOURIAN MGR 4/24/07 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME	<i>MGR Mike Ashourian</i>		
STREET ADDRESS		STREET ADDRESS	7880 GATE PARKWAY SUITE 300		
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 606, Florida Statutes.					
SIGNATURE: <i>Elaine Ashourian</i> Elaine Ashourian 4/24/2007 904 999 9000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					