
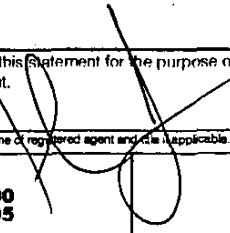
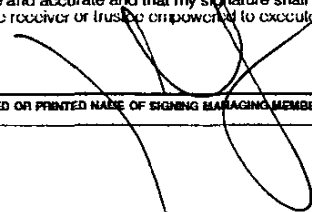


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90027 039 ****55.00

DOCUMENT # M04000000355			
1. Entity Name SOUTHERN COMFORT LLC			
Principal Place of Business 800 N FLAGLER DRIVE WEST PALM BEACH, FL 33401		Mailing Address 800 N FLAGLER DRIVE WEST PALM BEACH, FL 33401 211 Pine Terrace West Palm Beach, FL 33405	
2. Principal Place of Business		3. Mailing Address 211 Pine Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc. West Palm Beach	
City & State		City & State Florida	
Zip	Country	Zip	Country
33405		33405	USA
4. FEI Number 81-0617754		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZASKEY, CHRISTOPHER 800 N FLAGLER DRIVE WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name: Michael James Hertzberg Street Address (P.O. Box Number is Not Acceptable): 211 Pine Terrace West Palm Beach City: West Palm Beach FL Zip Code: 33405	
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		DATE	
		Feb 27, 05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZASKEY, CHRIS CAPT PO BOX 173 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager William Leprce 308 Wildemere Road West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HECTZBERG, MIKE JAMES 800 N FLAGLER DRIVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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:		DATE	
		Feb. 27, 05 561-212-3704	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	