

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043997

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: SOUTHERN TRUST, LLC

**Current Principal Place of Business:**

5050 BISCAYNE BLVD  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

5050 BISCAYNE BLVD  
MIAMI, FL 33137 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

MACKENZIE, MONICA  
5050 BISCAYNE BLVD  
MIAMI, FL 33137 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: MGRM ( ) Delete  
Name: EASTERN SHORES, LLC,  
Address: 5050 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137 US

Title: MGR ( ) Delete  
Name: MACKENZIE, MONICA  
Address: 5050 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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                      03/14/2007

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