2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L00000008123

1. Entity Name
SOUTHLAND CENTERS, LLC

Principal Place of Business
2101 CENTREPARK WEST DRIVE
SUITE 100
WEST PALM BEACH, FL 33409

Mailing Address
2101 CENTREPARK WEST DRIVE
SUITE 100
WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

02272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1025156

Applied For
Not Applicable

5. Certificate of Status Desired **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DE MENDOZA, III, MARIO G PA
12765 FOREST HILL BLVD., STE 1302
WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BENTZ, ROBERT A
STREET ADDRESS	2101 CENTREPARK WEST DR., #100
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	MGR
NAME	LELONEK, JOSEPH D
STREET ADDRESS	2101 CENTREPARK W DR 100
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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05/02/07-80089-007 55.00

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: Joseph D. Lelonek, Mgr. 3-2-07 561-478-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #