2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State
04-28-2004 90068 029 ****55.00

DOCUMENT # L00000015998

1. Entity Name
SOUTHERN CONVERTING GROUP, L.L.C.

Principal Place of Business	Mailing Address
~~1102 N. ROME AVENUE~~ PO Box 48138 ~~TAMPA, FL 33607~~ Tampa, FL 33647	P.O. BOX 48138 TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1063162
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Jerome Surprise
4302 E. 10th Ave
Tampa, FL 33605

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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] Pres/Sec/Treas 4/26/04
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, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE	PS
NAME	SURPRISE, JEROME E
STREET ADDRESS	PO BOX 48138
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] Pres/Sec/Treas 4/26/04 888 782-4141
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #